

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90038 044 ****50.00

DOCUMENT # L05000090936

1. Entity Name

JOHNNY BENNETT'S IRRIGATION AND LANDSCAPING, LLC



Principal Place of Business

9710 102ND ST.
LIVE OAK FL 32060

Mailing Address

9710 102ND ST.
LIVE OAK FL 32060



2. Principal Place of Business

17536 Palm Dr

Suite, Apt. #, etc.

3. Mailing Address

17536 Palm Dr

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Montverde, FL

City & State

Montverde, FL

4. FEI Number

20-3142839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

Zip

34756

Country

US

Zip

34756

Country

US

6. Name and Address of Current Registered Agent

BENNETT, JOHNNY
9710 102ND ST.
LIVE OAK FL 32060

7. Name and Address of New Registered Agent

Name

Johnny Bennett

Street Address (P.O. Box Number is Not Acceptable)

17536 Palm Dr

City

Montverde

FL

Zip Code

34756

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Johnny Bennett

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/7/06

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BENNETT, JOHNNY
STREET ADDRESS 9710 102ND ST.
CITY-ST-ZIP LIVE OAK FL 32060

TITLE MGR ☐ Delete
NAME Colleen Bennett
STREET ADDRESS 17536 Palm Dr
CITY-ST-ZIP Montverde, FL 34756

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Johnny Bennett

Johnny Bennett

4/7/06

Date

407-398-3272

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE