


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 30, 2006 8:00 am**  
**Secretary of State**

08-08-2006 90033 008 \*\*\*\*50.00

<b>DOCUMENT # L05000105091</b> 1. Entity Name <b>CRITELLI LANDSCAPING, LLC</b>					
Principal Place of Business <b>949 LEATHER FERN LANE MIMS FL 32754-6208</b>			Mailing Address <b>949 LEATHER FERN LANE MIMS FL 32754-6208</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address <i>PO. Box 622131</i> Suite, Apt. #, etc. <i>Oviedo, FL.</i> City & State <i>32762-2131</i> Zip Country		
4. FEI Number <i>20-3690134</i>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			1st MOORE CR2E083 (10/05)		
6. Name and Address of Current Registered Agent <b>CRITELLI, REGINALD D 949 LEATHER FERN LANE MIMS FL 32754-6208</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: First named Agent signature required when changing agent) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CRITELLI, REGINALD 949 LEATHER FERN LANE MIMS FL 32754-6208	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		

ATTACHMENT 30013061

#L05006105091

CRITELLI LANDSCAPING, LLC  
P.O. BOX 622131  
OVIEDO, FL. 32762

TO WHOM IT MAY CONCERN,

THIS LETTER IS TO EXPLAIN WHY I HAVE NOT GOTTEN THIS FORM TO YOU SOONER. I HAD JUST RECEIVED THIS FORM A FEW WEEKS AGO AND BEING THIS IS MY FIRST YEAR AS A CORPORATION I WASN'T FOR SURE WHAT TO DO WITH IT. I SHOWED IT TO MY ACCOUNTANT AND HE TOLD ME TO SEND THIS IN AS SOON AS POSSIBLE. I'M SORRY THIS IS LATE AND I HOPE YOU CAN UNDERSTAND MY POSITION AND HOPEFULLY THERE ARE NO PROBLEMS OR PENALTIES. THANK YOU FOR TIME

IF ANY QUESTIONS PLEASE CALL 407-402-4338

REGGIE CRITELLI