

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90013 046 ****55.00

DOCUMENT # L05000106335

1. Entity Name
PARK FLORIST, LLC



Principal Place of Business
**18008 CLEARLAKE DRIVE
LUTZ, FL 33549 US**

Mailing Address
**18008 CLEARLAKE DRIVE
LUTZ, FL 33549 US**

2. Principal Place of Business - No P.O. Box #
925 S US Hwy 41

3. Mailing Address
18710 Pepper Pike Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Inverness, FL

City & State
Lutz, FL

Zip
34450

Country
US

Zip
33558

Country
US

01032007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3722694

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**ANDREW SERVICE CORPORATION OF FLORIDA
201 N. FRANKLIN STREET
SUITE 2100
TAMPA, FL 33602**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TOMLIN, JOHN A
18008 CLEARLAKE DRIVE
LUTZ, FL 33549** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SHARP, ROBERT R
18710 PEPPER PIKE LANE
LUTZ, FL 33558** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

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

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

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

Robert R. Sharp

1/5/07

Date

813-289-5900

Daytime Phone #