2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# L05000107078

Entity Name: FLORIDA PLANT SPECIALISTS, LLC

Current Principal Place of Business:

644 FOREST LAIR
TALLAHASSEE, FL 32312

New Principal Place of Business:

874 COMMERCE BLVD.
CRAWFORDVILLE, FL 32327

Current Mailing Address:

644 FOREST LAIR
TALLAHASSEE, FL 32312

New Mailing Address:

874 COMMERCE BLVD.
CRAWFORDVILLE, FL 32327

FEI Number: 20-3747109 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BIST, MICHAEL P
1300 THOMASWOOD DRIVE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FOX, EDWARD R
Address: C/O LAZZARINI, 644 FOREST LAIR
City-St-Zip: TALLAHASSEE, FL 32312

Title: A ( ) Delete
Name: LAZZARINI, JR, RICHARD F
Address: 644 FOREST LAIR
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FOX, EDWARD R
Address: 4025 COASTAL HIGHWAY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EDWARD R FOX PRES 02/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date