


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90054 046 ****50.00

| | | | | | |
|--|---------------------------------|--|---|---|--|
| DOCUMENT # L05000114340 1. Entity Name FLORIDA CUT LANDSCAPE SERVICES, LLC | | | |  | |
| Principal Place of Business 759 VIA MILANO CIR APOPKA, FL 32712 US | | | Mailing Address 759 VIA MILANO CIR APOPKA, FL 32712 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 04112006 Chg-LLC CR2E083 (11/05) | |
| 4. FEI Number 20-3865655 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BEAUREGARD, ROBERT M 759 VIA MILANO CIR APOPKA, FL 32712 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | | NAME | MGRM ROBERT M. BEAUREGARD | | |
| STREET ADDRESS | | STREET ADDRESS | 759 VIA MILANO CIR. | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | APOPKA, FL 32712 | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | | NAME | MGRM POLLYANNA BEAUREGARD | | |
| STREET ADDRESS | | STREET ADDRESS | 759 VIA MILANO CIR. | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | APOPKA, FL 32712 | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| 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: <u>Robert M Beauregard</u> | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |
| <small>Date Daytime Phone #</small> | | | | | |