

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

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



04052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3865655

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEAUREGARD, ROBERT M
759 VIA MILANO CIR
APOPKA, FL 32712

**DO NOT WRITE
IN THIS SPACE**

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 renating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BEAUREGARD, ROBERT M 759 VIA MILANO CIRCLE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BEAUREGARD, POLLYANNA 759 VIA MILANO CIRCLE APOPKA, FL 32712
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05/10/07-80029-016 50.00

**DO NOT WRITE
IN THIS SPACE**

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 609, Florida Statutes.

SIGNATURE: Robert M Beauregard

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

4/24/07
Date

407 814 1459
Daytime Phone #