

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000009002

FILED
Jan 21, 2009
Secretary of State

Entity Name: DETAILS GARDEN DESIGN AND CONSULTING L.L.C.

Current Principal Place of Business:

1700 NE 16TH ST
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

2401 N DIXIE HIGHWAY
WILTON MANORS, FL 33305

Current Mailing Address:

1700 NE 16TH ST
FORT LAUDERDALE, FL 33304

New Mailing Address:

2401 N DIXIE HIGHWAY
WILTON MANORS, FL 33305

FEI Number: 41-2193974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYD, ROBERT E
1700 NE 16 TH ST
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

BOYD, ROBERT E MR.
1700 NE 16 TH ST
FORT LAUDERDALE, FL 33304 US

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: ROBERT BOYD

01/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P. () Delete
Name: BOYD, ROBERT E
Address: 1700 NE 16TH ST
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. (X) Change () Addition
Name: BOYD, ROBERT E
Address: 1700 NE 16TH ST
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MR. () Change (X) Addition
Name: GROVES, KEVIN W
Address: 1700 NE 16TH ST
City-St-Zip: FORT LAUDERDALE, FL 33304

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: KEVIN GROVES

MR.

01/21/2009

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