

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000009002

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

2401 N DIXIE HIGHWAY  
WILTON MANORS, FL 33305

**New Principal Place of Business:**

1700 NE 16TH ST  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

2401 N DIXIE HIGHWAY  
WILTON MANORS, FL 33305

**New Mailing Address:**

1700 NE 16TH ST  
FORT LAUDERDALE, FL 33304

**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 MR.  
1700 NE 16 TH ST  
FORT LAUDERDALE, FL 33304 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: MR.  
Name: BOYD, ROBERT E  
Address: 1700 NE 16TH ST  
City-St-Zip: FORT LAUDERDALE, FL 33304

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

I hereby 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: ROBERT E BOYD

MR

02/16/2010

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