

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90085 008 \*\*\*\*50.00  
04-21-2008 90309 031 \*\*\*\*88.75

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L06000010355**

1. Entity Name  
**EMERSON LANDSCAPE COMPANY, LLC**



Principal Place of Business  
**17811 N.W. 149TH PLACE  
ALACHUA, FL 32615**

Mailing Address  
**17811 N.W. 149TH PLACE  
ALACHUA, FL 32615**

**60025744**



01112008No Chg-LLC CR2E083 (12/07)

4. FEI Number  
**20-4336717**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**EMERSON, CAMERON PACE  
17811 N.W. 149TH PLACE  
ALACHUA, FL 32615**

**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

*Cameron Pace*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/13/08**

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	EMERSON, CAMERON PACE
STREET ADDRESS	17811 N.W. 149TH PLACE
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 808, Florida Statutes.

SIGNATURE:

*Cameron Pace*

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

**Cameron Pace  
Emerson**

**4/17/08**

**(386) 588-4286**

Date

Daytime Phone #