

04/25/2007 12:25 3058605900

To:

From: Spiegel & Utrera

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90423 017 ****50.00

DOCUMENT # L06000018725

1. Entity Name

Hunter Irrigation + Landscaping LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PO Box 1718

Suite, Apt. #, etc.

3. Mailing Address

Same as principal address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Flagler Bch FL

City & State

Flagler Bch FL

4. FEI Number

20-4360478

Applied For

Not Applicable

Zip

32136

Country

Flagler

Zip

32136

Country

Flagler

5. Certificate of Status Desired

☐

\$5.00 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name
Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1840 Coral Way, 4th Floor

City
Miami

FL

Zip Code
33145

**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.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 15

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STEPHEN F. WATSON
STREET ADDRESS
PO Box 1718
CITY- ST- ZIP
Flagler Bch, FL 32136

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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 exemption stated in Section 119.07(3)(i), 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:

Stephen F. Watson

4/25/07

386-439-9992

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

DATE

Daytime Phone #