

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000037370

FILED
Aug 24, 2008
Secretary of State

Entity Name: CARIBBEAN LAWN & TREE SERVICES LLC

Current Principal Place of Business:

195 HARBOR DR
KEY LARGO, FL 33037

New Principal Place of Business:

180 PEARL AVE
TAVERNIER, FL 33070

Current Mailing Address:

180 PEARL AVE
TAVERNIER, FL 33070

New Mailing Address:

FEI Number: 01-0856030 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

O'BERRY, BRYAN
195 HARBOR DRIVE
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

FULPER, JIMMY A
180 PEARL AVE
TAVERNIER, FL 33070 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: JIMMY A. FULPER

08/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FULPER, JIMMY A
Address: 180 PEARL AVE
City-St-Zip: TAVERNIER, FL 33070

Title: MGR () Delete
Name: O'BERRY, BRYAN
Address: 195 HARBOR DR
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: HAYES, THOMAS G
Address: 218 SOUTH COCONUT PALM BLVD
City-St-Zip: TAVERNIER, FL 33070

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: THOMAS G. HAYES

MGR

08/24/2008

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