


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 23, 2007 8:00 am**  
**Secretary of State**

05-23-2007 90215 034 \*\*\*\*55.00

<b>DOCUMENT # L06000038886</b> 1. Entity Name <b>MD LAWN &amp; GARDEN SERVICE, LLC</b>					
Principal Place of Business <b>828 MARIANA AVENUE</b> <b>CORAL GABLES, FL 33134 US</b>			Mailing Address <b>828 MARIANA AVENUE</b> <b>CORAL GABLES, FL 33134 US</b>		
2. Principal Place of Business - No P.O. Box # <b>828 Mariana Ave</b>		3. Mailing Address <b>PO Box 941705</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Coral Gables, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number 	
Zip <b>33134</b>		Country <b>USA</b>		Zip <b>33194</b>	
Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>NAVARRO, MICHAEL L</b> <b>828 MARIANA AVENUE</b> <b>CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
<b>Filing Fee is \$50.00</b> <b>Due by September 14, 2007</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>NAVARRO, MICHAEL L</b> <b>9811 S.W. 35 TERRACE</b> <b>MIAMI, FL 33165</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>Michael L Navarro</b> <b>828 Mariana Ave</b> <b>Coral Gables, FL 33134</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 608, Florida Statutes.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<b>5/17/07 (305) 467-7086</b> <small>Date Daytime Phone #</small>	

40118134



05162007 Chg-LLC CR2E083 (12/06)

Applied For  
☒ Not Applicable