

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90182 044 ***138.75

60044207



03312008 Chg-LLC CR2E083 (12/06)

4. FEI Number
57-1236136

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARMON, DANIEL III
427 MCKENZIE AVENUE
PANAMA CITY, FL 32401

7. Name and Address of New Registered Agent

Name Timothy J. Sloan
Street Address (P.O. Box Number is Not Acceptable)
427 McKenzie Ave.
City Panama City FL 32401

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

3/31/08

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COWART, JAMES 427 MCKENZIE AVENUE PANAMA CITY, FL 32401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Cowart, James 217 Le Grand Drive Panama City Beach, FL 32413	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

[Signature]

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

Date

Daytime Phone #

ATTACHMENT
60022207
CONSENT TO ACTION TAKEN
IN LIEU OF THE SPECIAL MEETING OF ALL OF THE
MANAGERS AND MEMBERS OF
TIMELESS HARDSCAPES, LLC

The undersigned, being all of the managers and all of the members of TIMELESS HARDSCAPES, LLC ("Company"), hereby consent to and ratify the action taken in lieu of the special meeting as set forth in the following resolutions:

RESOLVED, that the Company authorizes, confirms and agrees to the change of Registered Agent of the Company.

RESOLVED, that the name and address of the new Registered Agent of the Company will be:

Timothy J. Sloan
427 McKenzie Avenue
Panama City, FL 32401

RESOLVED, that the signing of this instrument shall constitute an acknowledgment of the contents thereof, ratification thereof and waiver of notice of any meeting by the signatories.

Consent dated as of this 6th day of April, 2008.



JAMES COWART, sole Manager and
Member