2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT (AR) Apr 20, 2007 8:00 am Secretary of State DOCUMENT # L06000066964 1. Entity Name 04-20-2007 90031 013 ****50.00 FRANK GARCIA LANDSCAPE AND MAINTENANCE, LLC Principal Place of Business Mailing Address 4404 WEST LAKE MARY BOULEVARD 4404 WEST LAKE MARY BOULEVARD UNIT 104, PMB #418 LAKE MARY FL 32746 UNIT 104, PMB #418 LAKE MARY FL 32746 2. Principal Place of Business, - No P.O. Box # Mailing Address Many Blud, 4044 N. LakeMayBlud Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) Unit 104 4. FEI Number Applied For Lake Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOLTUN, JEFFREY M Street Address (P.O. Box Number is Not Acceptable) 557 NORTH WYMORE ROAD, SUITE 100 MAITLAND FL 32751 Zip Code 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) CATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM Change ☐ Addition HILLE Delete TIME MGRM outside and More, LC NAME OUTSIDE AND MORE LLC NAME 4044 N. Lake Mary Blud, Unit 104 STREET ADDRESS STREET ADDRESS 4404 WEST LAKE MARY BLVD, UNIT 104, #418 Late Mary FL 32746 CITY-ST-ZIP CITY-ST-ZIP LAKE MARY ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAMI NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CHY-ST-ZIP HILL TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP TITLE □ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 AND TYRED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE