

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071074

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: SOTO'S LAWN CARE & LANDSCAPING, LLC

## Current Principal Place of Business:

296 NORTH EVANS CIRCLE  
DELTONA, FL 32725 US

## New Principal Place of Business:

296 NORTH EVANS CIRCLE  
SUITE B  
DELTONA, FL 32725 US

## Current Mailing Address:

296 NORTH EVANS CIRCLE  
DELTONA, FL 32725 US

## New Mailing Address:

296 NORTH EVANS CIRCLE  
SUITE B  
DELTONA, FL 32725 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SOTO, LETICIA O  
296 NORTH EVANS CIRCLE  
DELTONA, FL 32725 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SOTO, LETICIA O  
Address: 296 NORTH EVANS CIRCLE  
City-St-Zip: DELTONA, FL 32725 US

Title: MGRM ( ) Delete  
Name: SOTO, STEPHANIE  
Address: 296 NORTH EVANS CIRCLE  
City-St-Zip: DELTONA, FL 32725 US

## ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition  
Name: STEPHANIE, SOTO  
Address: 296 NORTH EVANS CIRCLE  
City-St-Zip: DELTONA, FL 32725 US

I hereby certify that the information supplied with this filing does not qualify for the 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: SOTO LETICIA O

MGR

01/04/2007

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