

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2007 8:00 am
Secretary of State

07-12-2007 90008 030 ****50.00

DOCUMENT # L06000079507

1. Entity Name
ARTISAN IRRIGATION AND LANDSCAPE, LLC



Principal Place of Business
**7048 LAGO MIRADA DRIVE
NAVARRE, FL 32566 US**

Mailing Address
**7048 LAGO MIRADA DRIVE
NAVARRE, FL 32566 US**



2. Principal Place of Business - No P.O. Box #
6228 East Bay Blvd.
Suite, Apt. #, etc.

3. Mailing Address
6228 East Bay Blvd.
Suite, Apt. #, etc.

07092007 Chg-LLC CR2E083 (12/06)

City & State
Gulf Breeze FL
Zip
32563 Country
USA

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Gulf Breeze FL
Zip
32563 Country
USA

4. FEI Number
72-1619980
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LYNCHARD LAW FIRM, P.A.
1901 ANDORRA STREET
NAVARRE, FL 32566**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/9/07

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GONZALEZ, SAM
7048 LAGO MIRADA DRIVE
NAVARRE, FL 32566** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**6228 East Bay Blvd.
Gulf Breeze FL 32563** ☒ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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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]

7/9/07