

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000080189

FILED
Jan 29, 2007
Secretary of State

Entity Name: DUFFY'S LANDSCAPE SERVICE, LLC

Current Principal Place of Business:

10190 52ND PLACE SOUTH
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

10190 52ND PLACE SOUTH
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 20-5815304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUFFY, BRIAN
10190 52ND PLACE SOUTH
LAKE WORTH, FL 33467 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: MGRM () Delete
Name: DUFFY, BRIAN
Address: 10190 52ND PLACE SOUTH
City-St-Zip: LAKE WORTH, FL 33467

Title: MBRM () Delete
Name: DUFFY, CAROLYN
Address: 10190 52ND PLACE SOUTH
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM () Delete
Name: DUFFY, SHERRY
Address: 10190 52ND PLACE SOUTH
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES:

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

Title: MBRM (X) Change () Addition
Name: DUFFY, CAROLYN
Address: 4949 SOUTHARD STREET
City-St-Zip: LAKE WORTH, FL 33463

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

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: CAROLYN DUFFY

MBRM

01/29/2007

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