

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082954

FILED  
Apr 01, 2008  
Secretary of State

**Entity Name:** CHRIS & RYAN'S LANDSCAPING, LLC

**Current Principal Place of Business:**

9603 PINERIDGE AVENUE  
RIVERVIEW, FL 33569 US

**New Principal Place of Business:**

9605 PINERIDGE AVENUE  
RIVERVIEW, FL 33569 US

**Current Mailing Address:**

PO BOX 3715  
RIVERVIEW, FL 33568

**New Mailing Address:**

**FEI Number:** 20-5423404

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAMBERT, JUDITH S  
669A WEST LUMSDEN ROAD  
BRANDON, FL 33511 US

**Name and Address of New Registered Agent:**

LAMBERT, JUDITH S  
673 WEST LUMSDEN ROAD  
BRANDON, FL 33511 US

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:

04/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BIRKHEAD, CHRISTOPHER E  
Address: 9605 PINERIDGE AVENUE  
City-St-Zip: RIVERVIEW, FL 33569 US

Title: MGRM ( ) Delete  
Name: BURT, RYAN L  
Address: 9603 PINERIDGE AVENUE  
City-St-Zip: RIVERVIEW, FL 33569 US

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: BURT, RYAN L  
Address: P.O. BOX 3715  
City-St-Zip: RIVERVIEW, FL 33568 US

I hereby certify that the information supplied with this filing does not qualify 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: RYAN L. BURT

MGRM

04/01/2008

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