2007 LIMITED LIABILITY COMPANY

Mar 09, 2007 8:00 am Secretary of State **ANNUAL REPORT** 03-09-2007 90136 014 ***150.00 DOCUMENT #L06000085034 1. Entity Name NAPÓ LANDSCAPING, LLC Principal Place of Business Mailing Address 4250 NW 170 ST. 4250 NW 170 ST. 20005987 OPA LOCKA, FL 33055 OPA LOCKA, FL 33055 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 14001 Luray Rd 14001 Luray Rd Suite, Apt. #, etc. Suite, Apt. #, etc. 03012007 CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-5470201 Souths West Ranches Souths West Ranches Not Applicable Country Broward \$5.00 Additional 5. Certificate of Status Desired 33330 **Broward** 33330 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Cuenca Napoleon H SUAREZ, ANGIE Street Address (P.O. Box Number is Not Acceptable) 4250 NW 170 ST. OPA LOCKA, FL 33055 14001 Luray Rd Zip Code 33330 Souths West Ranches 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE: (NOTE: Registered Agent signature required when reinstating) tered agent and title if applicable Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE MGRM Change Ch Addition TITLE Oelete CUENCA, NAPOLEON H NAME NAME Cuenca Napoleon H 4250 NW 170 ST. STREET ADDRESS STREET ADDRESS 14001 Luray Rd South West Ranches, FI 33330 CITY-ST-ZIP OPA LOCKA, FL 33055 CITY-ST-ZIP MGRM ■ Delete TITLE Change Addition TITLE PIMENTEL, JAQUELINE NAME NAME STREET ADDRESS 4250 NW 170 ST. STREET ADDRESS CITY-ST-ZIP OPA LOCKA, FL 33055 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7/P CiTY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

FILED

03-01-07