## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Jan 08, 2007 8:00 am Secretary of State **DOCUMENT # L06000089255** 01-08-2007 90206 003 \*\*\*\*55.00 **ENVY-US LANDSCAPING & LAWNCARE L.L.C.** Principal Place of Business Mailing Address -----96076 DOWLING DRIVE 96076 DOWLING DRIVE YULEE, FL 32097 YULEE, FL 32097 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 51-0603738 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOYETT, WILLIAM W Street Address (P.O. Box Number is Not Acceptable) 96076 DOWLING DRIVE YULEE, FL 32097 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGR TITLE ☐ Delete TITLE ☐ Change Addition BOYETT, WILLIAM W NAME NAME 96076 DOWLING DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP YULEE, FL 32097 CITY-ST-7IP MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition BOYETT, MICHAEL J NAME NAME STREET ADDRESS 96076 DOWLING DRIVE STREET ADDRESS CITY-ST-ZIP YULEE, FL 32097 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE វាវា £ ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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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.

WirenW/ 1/3/07