

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098134

FILED  
Aug 28, 2007  
Secretary of State

Entity Name: JUAN MEZA LANDSCAPES LLC

**Current Principal Place of Business:**

1402 WHISPERING WOOD WAY  
DELAND, FL 32724

**New Principal Place of Business:**

1546 LAKESIDE DRIVE  
DELAND, FL 32720

**Current Mailing Address:**

1402 WHISPERING WOOD WAY  
DELAND, FL 32724

**New Mailing Address:**

1546 LAKESIDE DRIVE  
DELAND, FL 32720

FEI Number: 20-5689982      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MEZA, JUAN  
1402 WHISPERING WOOD WAY  
DELAND, FL 32724      US

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

MEZA, JUAN  
1546 LAKESIDE DRIVE  
DELAND, FL 32720      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: JUAN MEZA

08/28/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: MEZA, JUAN  
Address: 1402 WHISPERING WOOD WAY  
City-St-Zip: DELAND, FL 32724

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: MEZA, JUAN  
Address: 1546 LAKESIDE DRIVE  
City-St-Zip: DELAND, FL 32720

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: JUAN MEZA

MGR

08/28/2007

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