2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State
02-08-2007 90141 036 ****55.00

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01162007 Chg-LLC CR2E083 (12/06)

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1. Entity Name
H & T LANDSCAPING SERVICES, LLC

Principal Place of Business	Mailing Address
949 OAK LANE LAKELAND, FL 33811	949 OAK LANE LAKELAND, FL 33811

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
SAME AS ABOVE	104 LAKE REGION BLVD N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: WINTER HAVEN, FLA
Zip / Country	Zip: 33881 / Country: USA

4. FEI Number: 71-1010167 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHRITTON, CHARLES P C/O WENDEL & CHRITTON, CHARTERED 225 EAST LEMON STREET, SUITE 351 LAKELAND, FL 33801	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LABARR, TIMOTHY E 949 OAK LANE LAKELAND, FL 33811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SILVA, HERNAN E 1516 AVENUE F WINTER HAVEN, FL 33881	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: [signature] 2/5/07 863-944-5718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #