2007 LIMITED LIABILITY COMPANY _____ANNUAL REPORT (AR)

CITY+S1-7/P

Feb 16, 2007 8:00 am Secretary of State DOCUMENT # L06000106926 1. Entity Name 02-16-2007 90182 007 ****50 00 A & A BRUNDIDGE LANDSCAPING, LLC Principal Place of Business Mailing Address 208 BRADSHAW AVE. SANFORD FL 32771 208 BRADSHAW AVE. SANFORD FL 32771 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Numbe Applied For Not Applicable Zip Country Country Zip \$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 SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** City 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, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when roinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10 IIII Change ☐ Addition ☐ Delete BRUNDIDGE, ALONZO STREET ADDRESS STREET ADDRESS 208 BRADSHAW AVE. CHY ST ZIE CHY ST ZIP SANFORD FL 32771 HILL ☐ Delete Change ☐ Addition NAMI BRUNDIDGE, ALONZO NAME STREET ADDRESS STREET ADDRESS 208 BRADSHAW AVE. CHY SEZIP SANFORD FL 32771 CITY-ST-7IP Addition HIII ☐ Delete THE Change NAM NAME STREET ADDRESS STREET ADDRESS Oth Si zid: Citt'SI ZIF ☐ Addition HIII ☐ Delete Change STREET ADDRESS STREET ADDRESS CITY-ST ZIP CHY-ST ZIP ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY ST ZIP ☐ Change Addition ☐ Delete STREET ADDRESS STREET ADDRESS

FILED

SIGNATURE: 2907 (407)474-5523

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Date

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.