2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2008 8:00 am
Secretary of State
07-02-2008 90039 003 ***138.75

DOCUMENT # L06000108438

1. Entity Name
GARIBELO LANDSCAPING, LLC

J0007814

Principal Place of Business	Mailing Address
5361 NW 93 TERRACE SUNRISE, FL 3351	5361 NW 93 TERRANCE SUNIRSE, FL 3351

2. Principal Place of Business - No P.O. Box #: P.O. BOX 297192
Suite, Apt. #, etc.:
City & State: Pembroke Pines/FL FL
Zip: 33027 Country: U.S.A

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip: Country:

04292008 Chg-LLC CR2E083 (12/06)

4. FEI Number 51-0613504 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ISIS VALLE, P.A.
150 S.E. 2ND AVENUE, SUITE 900
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name: ALVARO GARIBELO
Street Address (P.O. Box Number is Not Acceptable): 4404 SW 160 AVE APT B18
City: MIRAMAR FL Zip Code 33027

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 X [signature] DATE 4/29/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	☐ Delete	TITLE	SONIA RAYO MGRM	☐ Change ☑ Addition
NAME	GARIBELO, ALVARO		NAME		
STREET ADDRESS	5361 NW 93 TERRACE		STREET ADDRESS	4404 SW 160 AVE AP. B18	
CITY-ST-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP	MIRAMAR- FL- 33027	
TITLE	MGRM	☑ Delete	TITLE		☐ Change ☐ Addition
NAME	FRANCO, VICTOR M		NAME		
STREET ADDRESS	5361 NW 93 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33351		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		☐ Delete	TITLE		☐ Change ☐ Addition
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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		

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: X [signature] 4/29/08 (954) 822 9995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #