
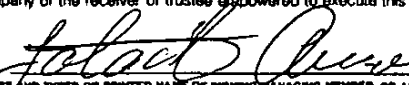


FILED
Feb 06, 2008 8:00 am
Secretary of State

01-10-2008 90022 011 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000114333		
1. Entity Name AWONZA LANDSCAPE MAINTENANCE LLC		
Principal Place of Business 325 NW 111 ST. MIAMI, FL 33168 US		Mailing Address 325 NW 111 ST. MIAMI, FL 33168 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent AWONSA, FATAAB 325 NW 111 ST. MIAMI, FL 33168		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
B. 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.		4. FEI Number 01-0878971
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>		Applied For <input type="checkbox"/> Not Applicable
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AWONSA, FATAAB 325 NW 111 ST. MIAMI, FL 33168	DO NOT WRITE IN THIS SPACE
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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.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		02-03-08 (305) 454 5723 <small>Date Signature Phone</small>