

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000007798

FILED
Jul 08, 2008
Secretary of State

Entity Name: A AND G LAWNCARE AND LANDSCAPING SERVICES LLC

Current Principal Place of Business:

1118 OXBOW ROAD
WIMAUMA, FL 33598 12

New Principal Place of Business:

3234 PRAIRIE IRIS DR
LAND O'LAKES, FL 34638

Current Mailing Address:

1118 OXBOW ROAD
WIMAUMA, FL 33598 12

New Mailing Address:

3234 PRAIRIE IRIS DR
LAND O'LAKES, FL 34638

FEI Number: 02-0796834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IBARRA, AMHED
15736 SW 102 LANE
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

IBARRA, AMHED
3234 PRAIRIE IRIS DR
LAND O' LAKES, FL 34638 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:

07/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: IBARRA, AMHED
Address: 15736 SW 102 LANE
City-St-Zip: MIAMI, FL 33196 US

Title: MGR () Delete
Name: IBARRA, GRECIA S
Address: 15736 SW 102 LANE
City-St-Zip: MIAMI, FL 33196 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: IBARRA, AMHED
Address: 3234 PRAIRIE IRIS DR
City-St-Zip: LAND O' LAKES, FL 34638 US

Title: MGR (X) Change () Addition
Name: IBARRA, GRECIA S
Address: 3234 PRAIRIE IRIS DR
City-St-Zip: LAND O' LAKES, FL 34638 US

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: AMHED IBARRA

MGR

07/08/2008

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