2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

03-14-2008 90201 019 ***138.75

DOCUMENT # L07000013305

1. Entity Name
DRAGONFLY LANDSCAPING LLC

Principal Place of Business
~~13324 W. BROWARD BLVD~~
~~PLANTATION, FL 33325~~

Mailing Address
1279 LEEWARD WAY
WESTON, FL 33327

3000413J

2. Principal Place of Business - No P.O. Box #
1905 HARBOR View Cr
Suite, Apt. #, etc.
City & State: WESTON Fl.
Zip: 33327
Country

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

03062008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-8412650 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
PEREZ-MENA, DELFINA M
1279 LEEWARD WAY
WESTON, FL 33327

7. Name and Address of New Registered Agent
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] 04-14/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	MEMBER DELFINA PEREZ-MENA 1279 LEEWARDWAY WESTON Fl. 33327 ☐ 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] 03-11/08 9548229140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #