

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90108 016 ***138.75

DOCUMENT # L07000014612 1. Entity Name LANDSCAPE NUTRITION L.L.C.					
Principal Place of Business 7312 NW 76 TH DR TAMARAC, FL 33321			Mailing Address 7312 NW 76 TH DR TAMARAC, FL 33321		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7408 N.W. 47 PL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Cauderhill, FL			
Zip	Country	Zip 33319	Country Broward	4. FEI Number 64-0949063	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent PEMBERTON, ELLSWORTH E 7312 NW 76 TH DR TAMARAC, FL 33321			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 </div> <div style="width: 40%; text-align: center;"> Make check payable to Florida Department of State </div> </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. PEMBERTON, ELLSWORTH E 7312 NW 76 TH DR TAMARAC, FL 33321 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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01122008 Chg-LLC CR2E083 (12/06)

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

4.10.08 954-240-9076