

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90096 016 \*\*\*138.75

<b>DOCUMENT # L07000036376</b>					
<b>1. Entity Name</b> MANUEL AMADOR LANDSCAPING AND MAINTENANCE LLC					
<b>Principal Place of Business</b> 702 WEST BLOXHAM STREET LANTANA, FL 33462 US			<b>Mailing Address</b> 702 WEST BLOXHAM STREET LANTANA, FL 33462 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 2114 MARK DR		<b>3. Mailing Address</b> 2114 MARK DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> LAKE WORTH, FL		<b>City &amp; State</b> Lake Worth, FL		<b>4. FEI Number</b> 26-0246509	
<b>Zip</b> 33461		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MANUEL AMADOR 702 WEST BLOXHAM STREET LANTANA, FL 33462			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b> SIGNATURE <u>Dee f. Amador</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> AMADOR, MANUEL D <b>STREET ADDRESS</b> 702 WEST BLOXHAM STREET <b>CITY - ST - ZIP</b> LANTANA, FL 33462	<input type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> Amador, Manuel D <b>STREET ADDRESS</b> 2114 Mark Dr <b>CITY - ST - ZIP</b> Lake Worth, FL 33461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGRM <b>NAME</b> AMADOR, DEBORAH J <b>STREET ADDRESS</b> 702 WEST BLOXHAM STREET <b>CITY - ST - ZIP</b> LANTANA, FL 33462	<input type="checkbox"/> Delete		<b>TITLE</b> MGRM <b>NAME</b> Amador, Deborah J <b>STREET ADDRESS</b> 2114 Mark Dr <b>CITY - ST - ZIP</b> Lake Worth, FL 33461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE</b> <u>Dee f. Amador</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date _____ Daytime Phone # <u>561-588-3633</u>		