

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000042500

Entity Name: DOUBLE L LANDSCAPING, LLC

FILED  
May 01, 2008  
Secretary of State

**Current Principal Place of Business:**

17360 COMMONWEALTH AVENUE  
POLK CITY, FL 33898

**New Principal Place of Business:**

**Current Mailing Address:**

925 BUTTER OAKS COURT  
C/O KEVIN LACY  
WINTER GARDEN, FL 34787

**New Mailing Address:**

FEI Number: 06-1813433      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LACY, KEVIN W SR.  
925 BUTTER OAKS COURT  
WINTER GARDEN, FL 34787      US

**Name and Address of New Registered Agent:**

LACY, KEVIN W  
925 BUTTER OAKS COURT  
WINTER GARDEN, FL 34787      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: KEVIN W. LACY

05/01/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: LACY, KEVIN W SR.  
Address: 925 BUTTER OAKS COURT  
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: LACY, KEVIN W  
Address: 925 BUTTER OAKS COURT  
City-St-Zip: WINTER GARDEN, FL 34787

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: KEVIN W. LACY

MGRM

05/01/2008

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