FILED
Mar 26, 2008 8:00 am
Secretary of State
03-05-2008 90207 018 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000048372

1. Entity Name
PROFESSIONAL GARDENING SERVICE, LLC

Principal Place of Business	Mailing Address
71 SOUTH RIVER ROAD SEWALL'S POINT, FL 34996	71 SOUTH RIVER ROAD SEWALL'S POINT, FL 34996

01132008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1109 N.W 15TH ST	1109 NW 15TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc. STUART
City & State: STUART FL	City & State: FL
Zip: 34994 Country: USA	Zip: 34994 Country: USA

4. FEI Number: 20-8986256 ☐ Applied For ☑ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEAL, SUSAN F 71 SOUTH RIVER ROAD SEWALL'S POINT, FL 34996	Name: NEAL SUSAN F Street Address (P.O. Box Number is Not Acceptable): 1109 N.W. 15TH ST City: STUART FL Zip Code: 34994

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, 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	MGR NEAL, SUSAN F 71 SOUTH RIVER ROAD SEWALL'S POINT, FL 34996	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEAL SUSAN F 1109 N.W 15TH ST STUART, FL 34994	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: Susan F. Neal 01/24/08 772-232-4132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #