## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jun 13, 2008 8:00 am Secretary of State

| DOCUMENT # L07000053785  1. Entity Name  |  |  |   |  | 05-05-2008 90029 011 ***138.75        |                        |  |  |  |
|--|--|--|---|--|---------------------------------------|------------------------|--|--|--|
| ONE SOURCE LANDSCAPING SOLUTIONS, LLC  |  |  | (   |  |                                       |                        |  |  |  |
| Principal Place  | e of Business  | Mailing Address                                |   |  | 60                                    |                        |  |  |  |
| 1931 NE 3RD AVE.<br>GAINESVILLE, FL 32641 US   |  | 1931 NE 3RD AVE.<br>Gainesville, FL 32641 US   |   | :  |                                       | 30009                  | 249  |  |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address                             |   |  |                                       |                        |  |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                            |   | 01112008   | Chg-LLC                               | CR2E083 (1             | 2/06)  |  |  |
| City & State   |  | City & State                                   |   | 4. FEI Number  | <b>5</b> 4946                         |                        | Applied For<br>Not Applicable  |  |  |
| Zip  | Country  | _ Zip  | Çountn  | ·  | J                                     | of Status Desired      | L. Fee R   | O. Additional:<br>equired  |  |
|  | 6. Name and Address of Current   | Registered Agent                               | -+  | Name   | 7. Name and                           | Address of New F       | Registered Agent   |  |  |
| 1931 NE 3  |  | Street Addres                                  |   | Street Address (   | s (P.O. Box Number is Not Acceptable) |                        |  |  |  |
| GAINESVI   | LLE, FL 32641  |  | <u> </u>  |  |                                       |                        |  |  |  |
|  | *,   |  |   | City   | r L                                   |                        |  |  |  |
| 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 .  | Signeture, typed or printed name of registered agent (   | and tide if applicable. (HOTE                  | E: Flegistered A  | Agent signature required   | I when reinstating)                   |                        | DATE   | ·····  |  |
| FILE<br>After May  | E NOW!!! FEE IS \$138.75<br>y 1, 2008 Fee will be \$538.75   |  |   | Make check payable to<br>Florida Department of State   |                                       |                        |  |  |  |
|  |  |  |   |  |                                       |                        |  |  |  |
| 9.   | MANAGING MEMBE   | RS/MANAGERS                                    | 10.   |  | L                                     | ADDITIONS              | /CHANGES   |  |  |
| tru  | MGR  | RS/MANAGERS  Delete                            | TITLE   |  |                                       | ADDITIONS              | /CHANGES   | nange Addition   |  |
|  | MGR<br>PAULAUSKAS, GARY A<br>1931 NE 3RD AVE.  |  | TITLE   | ADDRESS<br>1-zip   |                                       | ADDITIONS              |  | ngage Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS  | MGR<br>PAULAUSKAS, GARY A  |  | TITLE NAME STREET CITY-ST   | <b>I</b>   |                                       | ADDITIONS              |  |  |  |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET_ADDRESS  | MGR<br>PAULAUSKAS, GARY A<br>1931 NE 3RD AVE.  | ☐ Delete                                       | TITLE NAME STREET CITY-ST TITLE NAME  | 1-ZIP ADDRESS  |                                       | ADDITIONS              | _ a  |  |  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME   | MGR<br>PAULAUSKAS, GARY A<br>1931 NE 3RD AVE.  | ☐ Delete                                       | TITLE NAME STREET CITY-SI TITLE NAME STREET   | 1-ZIP ADDRESS  |                                       | ADDITIONS              | _ a  | nange Addition   |  |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET_ADDRESS CITY-ST-ZIP TITLE NAME NAME  | MGR<br>PAULAUSKAS, GARY A<br>1931 NE 3RD AVE.  | ☐ Delete                                       | TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME NAME   | ADDRESS T- ZIP   |                                       | ADDITIONS              | C  | nange Addition   |  |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE  | MGR<br>PAULAUSKAS, GARY A<br>1931 NE 3RD AVE.  | ☐ Delete                                       | TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME NAME   | ADDRESS T-ZIP  |                                       | ADDITIONS              | C  | nange Addition   |  |
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| TITLE  MAME  STREET ADDRESS CITY-ST-ZIP  TITLE  HAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  11.   Toreiby indicated | MGR PAULAUSKAS, GARY A 1931 NE 3RD AVE. GAINESVILLE, FL 32641  | Delete  Delete  Delete  Delete  Delete         | TITLE MAME STREET CITY-SI   | ADDRESS 1- ZIP   | nace uncer cam                        | Florida Statutes. I fr | Cr   | nange Addition  nange Addition  nange Addition  nange Addition                 |  |
| TITLE  MAME  STREET ADDRESS CITY-ST-ZIP  TITLE  HAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  11.   Toreiby indicated | MGR PAULAUSKAS, GARY A 1931 NE 3RD AVE. GAINESVILLE, FL 32641  certify that the information supplied with I on this report is true and accurate and billity company or this receiver or trusted. | Delete  Delete  Delete  Delete  Delete  Delete | TITLE MAME STREET CITY-SI TITLE MAME STREET | ADDRESS 1- ZIP  ADDRESS 1- ZIP | nade under dath<br>ter 608, Florida ! | Florida Statutes. I fr | Critical transfer or minimum or minimum certify that it ging member or minimum or minimu | nange Addition  nange Addition  nange Addition  nange Addition  nange Addition |  |