

LO7000080810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

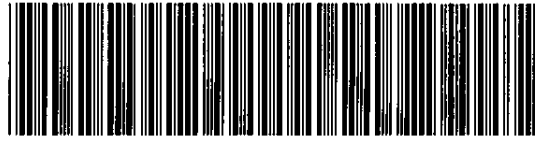
(Document Number)

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SECRETARY OF TREASURY
TALLAHASSEE, FLORIDA

2009 FEB 19 PM 3:47

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THOMAS A. FOGT, ESQ.

Attorney at Law
700 Colorado Avenue
Stuart, Florida 34994-3086

Thomas A. Fogt
Board Certified Real Estate Lawyer

Telephone: (772) 288-3303
Facsimile: (772) 286-3303
E-Mail: attyfogt@bellsouth.net

February 12, 2009

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: American Landscape and Lawn, LLC

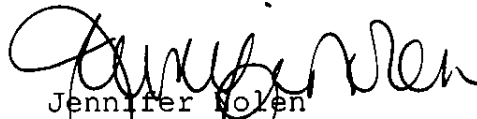
Dear Sir or Madam:

Please find enclosed your Cover Letter and Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company to be filed with the State of Florida for the above referenced matter.

I have enclosed our check in the amount of \$25.00 to cover the costs of filing same.

Should you need anything further to complete this matter, please contact our office. Thank you for your assistance.

Very truly yours,


Jennifer Nolen
Legal Assistant

/jn
Encs.

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Landscape and Lawn, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Sullivan

(Name of Person)

American Landscape and Lawn, LLC

(Firm/Company)

2632 SE Opal Circle

(Address)

Port St. Lucie, FL 34952

(City/State and Zip Code)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

James Sullivan

(Name of Person)

at (772) 370-9719

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: American Landscape and Lawn, LLC

2. (a) Principal office address of limited liability company: 2632 SE Opal Circle
Port St. Lucie, FL 34952
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: P.O. Box 2205
Jensen Beach, FL 34958
(Note: MAY BE POST OFFICE BOX)

08/06/2007
3. Date of filing/registration in Florida

L07000080810
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: James Sullivan

Registered Office Address: 1868 Wildcat Cove Drive
Fort Pierce, FL 34949

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: James Sullivan

NEW Registered Office Address: 2632 SE Opal Circle
Port St. Lucie, FL 34952
(MUST BE FLORIDA STREET ADDRESS)

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TALLAHASSEE FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

JAMES B. SULLIVAN
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00