

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000082036

1. Entity Name
SUNNYDAYS NURSERY & LANDSCAPE LLC



Principal Place of Business
420 NE 7TH AVE
RUSKIN, FL 33570 US

Mailing Address
P.O. BOX 1304
RUSKIN, FL 33575 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07212008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0751949 Applied For Not Applicable

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



FILED
2008 NOV -4 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEGOVIANO, SALVADOR
901 3RD ST. N.E.
RUSKIN, FL 33570

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10-27-08

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME SEGOVIANO, SALVADOR
STREET ADDRESS 901 NE 3RD ST
CITY-ST-ZIP RUSKIN, FL 33570

TITLE ☐ Change ☐ Addition
NAME 000137854560
STREET ADDRESS 11/12/08--01043--001
CITY-ST-ZIP **138.75

TITLE MGRM ☐ Delete
NAME SEGOVIANO, ANGEL
STREET ADDRESS 901 NE 3RD ST
CITY-ST-ZIP RUSKIN, FL 33570

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10-27-08

REINSTATEMENT

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