

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000095072

FILED
Apr 24, 2008
Secretary of State

Entity Name: ROSE GARDEN LANDSCAPING SERVICES, LLC

Current Principal Place of Business:

481 PINE MEADOW DRIVE
DEBARY, FL 32713

New Principal Place of Business:

2410 SANDLEWOOD LANE
ORANGE CITY, FL 32763

Current Mailing Address:

481 PINE MEADOW DRIVE
DEBARY, FL 32713

New Mailing Address:

2410 SANDLEWOOD LANE
ORANGE CITY, FL 32763

FEI Number: 26-1092360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPECTOR, CARMEN I
481 N. PINE MEADOW DRIVE
DEBARY, FL 32713 US

Name and Address of New Registered Agent:

RIVERA, FRANK
2410 SANDLEWOOD LANE
ORANGE CITY, FL 32763 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: FRANK RIVERA

04/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RIVERA, FRANK
Address: 481 N. PINE MEADOW DRIVE
City-St-Zip: DEBARY, FL 32713

Title: MGRM (X) Delete
Name: SPECTOR, CARMEN I
Address: 481 N. PINE MEADOW DRIVE
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RIVERA, FRANK
Address: 2410 SANDLEWOOD LANE
City-St-Zip: ORANGE CITY, FL 32763

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRANK RIVERA

MGRM

04/24/2008

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