

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104871

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** LANDSCAPING UNLIMITED LLC.

**Current Principal Place of Business:**

6051 SANDRA DR  
WEEKI WACKEE, FL 34607

**New Principal Place of Business:**

**Current Mailing Address:**

6046 SANDRA DR  
WEEKI WACKEE, FL 34607

**New Mailing Address:**

**FEI Number:** 26-1274062

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VOLKES, LAURA  
6051 SANDRA DR  
WEEKI WACKEE, FL 34607 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VOLKES, LAURA  
Address: 6051 SANDRA DR  
City-St-Zip: WEEKI WACKEE, FL 34607

Title: MGR ( ) Delete  
Name: LABOZZETTA, DOMINICK  
Address: 4363 ELWOOD RD  
City-St-Zip: SPRING HILL, FL 34609

**ADDITIONS/CHANGES:**

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

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:** LAURA VOLKES

MGR

04/16/2009

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