


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90017 039 ***138.75

DOCUMENT # L07000108565 1. Entity Name TREE FROG LANDSCAPE SERVICES, LLC					
Principal Place of Business 22144 STATE ROAD 46 SORRENTO, FL 32776			Mailing Address PO BOX 952259 LAKE MARY, FL 32795-2259		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 22144 SR 46			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 40 The Champion Group			
City & State		City & State Sorrento FL			
Zip	Country	Zip 32776	Country		
6. Name and Address of Current Registered Agent FLORIDA TERRITORIAL LAND COMPANY 101 TIMBERLACHEN CIRCLE SUITE 202 LAKE MARY, FL 32746			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAMPION, BENJAMIN L PO BOX 952259 LAKE MARY, FL 327952259		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Champion, Benjamin L 22144 SR 46 Sorrento, FL 32776	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAMPION, C. JONATHAN PO BOX 952259 LAKE MARY, FL 327952259		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Champion, C. Jonathan Sr. 22144 SR 46 Sorrento FL 32776	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px;"></div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px;"></div>	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 5/1/08 Daytime Phone # 407 330-2120		

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04142008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-1299761

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

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