

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

04-23-2008 90127 035 ***143.75

DOCUMENT # L07000110156 1. Entity Name B&S LANDSCAPING, LLC					
Principal Place of Business 3893 CABALLERO AVENUE NORTH PORT, FL 34286			Mailing Address 3893 CABALLERO AVENUE NORTH PORT, FL 34286		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent ROSENBERG, DAVID H ESQ. 8130 LAKEWOOD MAIN STREET SECOND FLOOR, SUITE 208 BRADENTON, FL 34202				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ Signature, typed or printed name of registered agent and title if applicable					
FILE NOW!!! FEE IS \$135.75 After May 1, 2008 Fee will be \$535.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AUSTIN, SCOTT 3893 CABALLERO AVENUE NORTH PORT, FL 34286		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP	men. BRIAN BARRONS 30 WANDOMA CIRCLE R-HOBART BRACH, DE. 19971 Change ☐ Addition ☒	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
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: <i>[Signature]</i> SCOTT R. AUSTIN, MGRM. 4-1-08 941-809-5211 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

30006971



04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number **261329962** Applied For ☐ Not Applicable ☒

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

FL Zip Code