

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90371 043 ***138.75

DOCUMENT # L07000127661			
1. Entity Name LAWN & LANDSCAPE SERVICE OF SOUTH FLORIDA, LLC.			
Principal Place of Business 4981 SW 94TH TERRACE COOPER CITY, FL 33328 US		Mailing Address 4981 SW 94TH TERRACE COOPER CITY, FL 33328 US	
2. Principal Place of Business - No P.O. Box # 8520 S.W. 27th PL.		3. Mailing Address 8520 S.W. 27th PL.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DAVIE, FLORIDA		City & State DAVIE, FLORIDA	
Zip 33328		Country USA	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBAINA, MICHAEL 4981 SW 94TH TERRACE COOPER CITY, FL 33328		7. Name and Address of New Registered Agent Name: JUANA PUMAROL Street Address (P.O. Box Number is Not Acceptable): 8520 S.W. 27th PLACE City: DAVIE FL Zip Code: 33328	
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:		DATE: 5-22-08	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
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		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBAINA, MICHAEL 4981 SW 94TH TERRACE COOPER CITY, FL 33328 <input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARANY, TIMOTHY 4981 SW 94TH TERRACE COOPER CITY, FL 33328 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PUMAROL, JUANA 5651 SW 56 STREET DAVIE, FL 33314 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
10. ADDITIONS/CHANGES			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
MGR JUANA PUMAROL 8520 SW 27th PL. DAVIE, FL 33328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
MGR TIMOTHY BARANY 8520 SW 27th PL. DAVIE, FL 33328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> 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:		DATE: 5-22-08 12:30pm	
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	