

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000023461

FILED
Apr 29, 2009
Secretary of State

Entity Name: GREATER BAY GROUNDS MAINTENANCE & LANDSCAPING, LLC

Current Principal Place of Business:

4601 WEST KENNEDY BOULEVARD
SUITE 104
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

4601 WEST KENNEDY BOULEVARD
SUITE 104
TAMPA, FL 33609

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MICHAELS, MICHAEL J
4601 WEST KENNEDY BOULEVARD
SUITE 104
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

MICHAELS, LINDA M
4601 WEST KENNEDY BOULEVARD
SUITE 104
TAMPA, FL 33609 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: LINDA M. MICHAELS

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MICHAELS, MICHAEL J
Address: 4601 WEST KENNEDY BOULEVARD
City-St-Zip: TAMPA, FL 33609

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MICHAELS, MICHAEL J
Address: 4601 WEST KENNEDY BOULEVARD
City-St-Zip: TAMPA, FL 33609

Title: MGR () Change (X) Addition
Name: MICHAELS, LINDA M
Address: 4601 W KENNEDY BLVD #104
City-St-Zip: TAMPA, FL 33609

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: LINDA M MICHAELS

MGR

04/29/2009

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