

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000030656

Entity Name: NATIVE LANDSCAPE DESIGN, LLC

FILED
May 27, 2009
Secretary of State

Current Principal Place of Business:

619 CANFIELD LN
KEY WEST, FL 33040

New Principal Place of Business:

2720A N. ROOSEVELT BLVD.
KEY WEST, FL 33040

Current Mailing Address:

P.O. BOX 4325
KEY WEST, FL 33041

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MONTGOMERY, SCOTT
831 JOHNSON LN
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

MONTGOMERY, SCOTT
802 EATON
6
KEY WEST, FL 33040 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:

05/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MONTGOMERY, SCOTT
Address: 831 JOHNSON LN
City-St-Zip: KEY WEST, FL 33040

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MONTGOMERY, SCOTT W
Address: 802 EATON #6
City-St-Zip: KEY WEST, FL 33040

Title: MGRM () Change (X) Addition
Name: CRIDER, ROBERT M
Address: 61 PALM DR.
City-St-Zip: KEY WEST, FL 33040

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: SCOTT W. MONTGOMERY

MGRM

05/27/2009

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