

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050122

Entity Name: A.M LANDSCAPING, LLC.

FILED  
Jul 13, 2009  
Secretary of State

## Current Principal Place of Business:

2589 GRASSMOOR LOOP  
APOPKA, FL 32712

## New Principal Place of Business:

430 MORNING CREEK CIRCLE  
APOPKA, FL 32712

## Current Mailing Address:

2589 GRASSMOOR LOOP  
APOPKA, FL 32712

## New Mailing Address:

430 MORNING CREEK CIRCLE  
APOPKA, FL 32712

FEI Number: 27-0162415      FEI Number Applied For ( )      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:

ALVAREZ, FLAVIO E  
2589 GRASSMOOR LOOP  
APOPKA, FL 32712      US

## Name and Address of New Registered Agent:

ALVAREZ, FLAVIO E  
430 MORNING CREEK CIRCLE  
APOPKA, FL 32712      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:

07/13/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: ALVAREZ, FLAVIO E  
Address: 2589 GRASSMOOR LOOP  
City-St-Zip: APOPKA, FL 32712

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: ALVAREZ, FLAVIO E  
Address: 430 MORNING CREEK CIRCLE  
City-St-Zip: APOPKA, FL 32712

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: FLAVIO E ALVAREZ

MGR

07/13/2009

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