

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000087973

FILED  
Jul 06, 2009  
Secretary of State

Entity Name: FLORIDA INNOVATIVE LANDSCAPE, L.L.C.

**Current Principal Place of Business:**

8625 SW KANNER HWY  
INDIANTOWN, FL 34956 US

**New Principal Place of Business:**

**Current Mailing Address:**

120 SE CRESTWOOD CIRCLE  
STUART, FL 34997 US

**New Mailing Address:**

FEI Number: 26-3362144      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:**

ROBB, VICKI L  
120 SE CRESTWOOD CIRCLE  
STUART, FL 34997 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROBB, VICKI L  
Address: 120 SE CRESTWOOD CIRCLE  
City-St-Zip: STUART, FL 34997 US

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: ROBB, PATSY J  
Address: 120 SE CRESTWOOD CIRCLE  
City-St-Zip: STUART, FL 34997 US

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: VICKY L. ROBB

MGMR

07/06/2009

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