

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000088747

Entity Name: GP LAWNSCAPING LLC

FILED
May 07, 2009
Secretary of State

Current Principal Place of Business:

12664 DAYLIGHT TRAIL
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

12664 DAYLIGHT TRAIL
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 26-3379145 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:

PAREDES, GEOVANNY B SR
12664 DAYLIGHT TRAIL
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

PAREDES, GEOVANNY B
12664 DAYLIGHT TRAIL
JACKSONVILLE, FL 32218 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: GEOVANNY PAREDES

05/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PAREDES, GEOVANNY B SR
Address: 12664 DAYLIGHT TRAIL
City-St-Zip: JACKSONVILLE, FL 32218

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

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: PAREDES, GEOVANNY B
Address: 12664 DAYLIGHT TRAIL
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPRE () Change (X) Addition
Name: ANDRADE, MYRIAM E
Address: 12664 DAYLIGHT TRAIL
City-St-Zip: JACKSONVILLE, FL 32218

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: GEOVANNY PAREDES

PRES

05/07/2009

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