2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L09000041647

1. Entity Name

Jones LandScaping LLC

Principal Place of Business / Mailing Address

1206 Southern ST. Tallahassee 32305

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		424 W. Tennessee	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 188	
City & State		City & State Tallahassee Fl.	
Zip	Country	Zip 32304	Country Leon

FILED

10 MAY -4 PM 12:49

SECRETARY OF STATE TALLAHASSEE, FLORIDA

200180072842

05/03/10--01038--003 **143.75

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

George Jones 1206 Southern ST. ~~Ten~~ Tallahassee Fl. 32305

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4-30-10

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2010 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Paqueta Jones		NAME	
STREET ADDRESS	1206 southern ST.		STREET ADDRESS	
CITY-ST-ZIP	Tallahassee Fl 32305		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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10 APR 30 PM 1:30

DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Paquet [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #