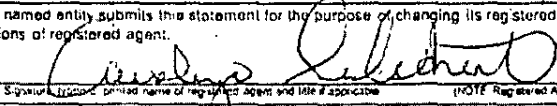
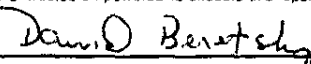


2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

APPROVED
AND
FILED

12 SEP-8 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000065654					
1. Entity Name NEXT ERA LANDSCAPING, LLC					
Principal Place of Business 2777 SOUTH CONGRESS AVE. PALM SPRINGS, FL 33461 US			Mailing Address 2777 SOUTH CONGRESS AVE. PALM SPRINGS, FL 33461 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 27-0505340	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				09132012 Chg-LLC CR2E083 (12/11)	
6. Name and Address of Current Registered Agent BERETSKY, DAVID 2777 SOUTH CONGRESS AVE PALM SPRINGS, FL 33461			7. Name and Address of New Registered Agent CAROLYN LITSCHERT Street Address (P.O. Box Number is Not Acceptable) 2777 S. Congress Ave City Palm Springs FL FL Zip Code 33461		
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  DATE 9-12-12 Signature (Typed printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BERETSKY, DAVID 2777 SOUTH CONGRESS AVE PALM SPRINGS, FL 33461	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Payment received by credit card. 9/13/12 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000239399860 09/12/12--60002--006 **48.62 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  DATE 09-12-12			AMERILAWINC @ AOL.COM		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			E-MAIL ADDRESS		

SEP 13 2012

A. DUNLAP