2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT (AR) FILED DOCUMENT # L99000002248 May 03, 2007 08:00 A Secretary of State 1. Enlity Name LEGENDARY LANDSCAPING & LAWN SERVICE, LLC Principal Place of Business Mailing Address 1330 CONNEMARA CIRCLE PO BOX 1043 **GULF BREEZE FL 32562-1043 GULF BREEZE FL 32563** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 59-3577270 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo COLIN, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 3147 BIRDSEYE CIRCLE GULF BREEZE FL 32561 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES THE IIILE **MGRM** Delete ☐ Change ☐ Addition NAME COLIN, MICHAEL A NAME 000000759836 STREET ADDRESS 1330 CONNEMARA CIRCLE STREET ADDRESS 05/24/07-80054-016 50.00 CITY-ST-ZIP **GULF BREEZE FL 32563** CITY ST-7IP Defete TITLE. MILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-7/P 71][[☐ Delete IIIŒ Change Addition Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ши ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP HHE ☐ Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DHE. Delete IIDE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 Statutos,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE