2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900007488 1. Entity Name				F	ILED RY OF STATE
SOUTHWEST FLORIDA LAWN AND GARDEN, L.L.C.				DIVISION OF	CORPORATIONS
				∩n FFR −1	+ PM 1: 24
Principal Place of Business Mailing Address				33125	T 111 1 2 4
11250 PORPOISE POINT ROAD. #6 P.O. BOX 146 MATLACHA FL 33993 MATLACHA FL 33993-0146					
					##### ################################
2 Principal F	Place of Business	3. Mailing Address			
2769 VELMA ST					
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN	HIS SPACE
City & Sta	LACHA FL	City & State		4. FEI Number 65-0965-862	Applied For
33 <i>99</i>	3 Country	-Zip*	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registe	red Agent
				AR, OLAVI	
11250 PORPOISE POINT ROAD, #6				s (P.O. Box Number is Not Acceptable)	
MATLACH	1A FL 33993		276	9 VELMA ST	
			City MA	TLACHA	FL 33993
8. The above	e named entity submits this statement fo	r the purpose of changing its r	egistered office or regist	ered agent, or both, in the State of Florida.	
SIGNATURE					
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requir	red when reinstating) C	ATE
		!	W!!! FEE IS \$50.00 able to Department	!	
9.	MANAGING MEMB		10-	ADDITIONS/CHAI	
TITLE MANUE STREET ADDRESS CITY-ST-ZIP	MGRM KAAR, OLAVI P.O. BOX 146 MATLACHA FL 33993	, · □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	سناه عالم حميده حميده حميده حميدة ي	Change C******50.00
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CITY- 8T- ZIP			CITY-81-ZIP		
i indicated	d on this report is true and accurate and	that my signature shall have th	ne same legal effect as if	Section 119.07(3)(i), Florida Statutes. I further made under oath; that I am a managing m	er certify that the information ember or manager of the
limited lia	ability company or the receiver or trusted	e empowered to execute this re	eport as required by Cha	pter 608, Florida Statutes.	