

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000084174

Entity Name: CABRI LAWNCARE INC.

Current Principal Place of Business:

1278 CATHEDALL
NORTH PORT, FL 34288

Current Mailing Address:

P.O. BOX 6758
NORTH PORT, FL 34290 US

FEI Number: 81-4179097

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILLER, LYNN
1278 CATHEDALL
NORTH PORT, FL 34288 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MILLER, LYNN
Address 1278 CATHEDALL
City-State-Zip: NORTH PORT FL 34288

Title VP
Name MILLER, KYLENE
Address 1278 CATHEDALL
City-State-Zip: NORTH PORT FL 34288

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LYNN MILLER

P

04/08/2017

Electronic Signature of Signing Officer/Director Detail

Date