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:

Title Name

Address

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: LEAFORD SHAKES

Electronic Signature of Signing Officer/Director Detail

Date

Title	V
Name	SHAKES, YVONNE
Address	4206 JAMES L REDMAN PARKWAY
City-State-Zip:	PLANT CITY FL 33567

PRESIDENT

## Certificate of Status Desired: Yes

02/15/2016 Date

FILED Feb 15, 2016 Secretary of State CC0164581147

### 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000042636

Entity Name: L.S. CURB SERVICE, INC.

### **Current Principal Place of Business:**

4206 JAMES L REDMAN PARKWAY PLANT CITY, FL 33567

### **Current Mailing Address:**

4206 JAMES L REDMAN PARKWAY PLANT CITY, FL 33567

## FEI Number: 59-3252745

**Officer/Director Detail :** 

PRESIDENT

City-State-Zip: PLANT CITY FL 33567

SHAKES, LEAFORD

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

4206 JAMES L REDMAN PARKWAY

SHAKES, LEAFORD 4206 JAMES L REDMAN PARKWAY PLANT CITY, FL 33567 US