

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000045100

**Entity Name:** OTHER SIDE SOD COMPANY, LLC**Current Principal Place of Business:**3356 SW CR 769  
ARCADIA, FL 34269**Current Mailing Address:**3356 SW CR 769  
ARCADIA, FL 34269**FEI Number:** 06-1714011**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DERISO, JOEL C  
3356 S.W. C.R. 769  
ARCADIA, FL 34269 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**Authorized Person(s) Detail :**

|                 |                         |
|-----------------|-------------------------|
| Title           | MGR                     |
| Name            | DERISO, JOEL C          |
| Address         | 3356 SW COUNTY ROAD 769 |
| City-State-Zip: | ARCADIA FL 34269        |

|                 |                   |
|-----------------|-------------------|
| Title           | MEMB              |
| Name            | DERISO, SUZANNE T |
| Address         | 3356 SW CO RD 769 |
| City-State-Zip: | ARCADIA FL 34269  |

|                 |                           |
|-----------------|---------------------------|
| Title           | AUTHORIZED REPRESENTATIVE |
| Name            | BRUCKER, JENNA F          |
| Address         | 3356 SW CR 769            |
| City-State-Zip: | ARCADIA FL 34269          |

|                 |                           |
|-----------------|---------------------------|
| Title           | AUTHORIZED REPRESENTATIVE |
| Name            | BRUCKER, MICHAEL L        |
| Address         | 3356 SW CR 769            |
| City-State-Zip: | ARCADIA FL 34269          |

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOEL DERISO**MANAGER****03/07/2018**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date