

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000019249

**Entity Name:** MEYER'S TURF LLC

**Current Principal Place of Business:**

7920 N. MILITARY TRAIL  
WEST PALM BEACH, FL 33410

**Current Mailing Address:**

7920 N. MILITARY TRAIL  
WEST PALM BEACH, FL 33410 US

**FEI Number:** 20-4351107

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FORTE, ROBERTO N  
7920 N MILITARY TRAIL  
NORTH PALM BEACH, FL 33410 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:** ROBERTO FORTE

06/28/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED REPRESENTATIVE  
Name SOTO, RITA F  
Address 8501 MAN O WAR RD  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title MANAGER  
Name FORTE, ROBERTO N  
Address 2825 BIARRITZ DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title AUTHORIZED MEMBER  
Name FORTE, DOMENICO  
Address 114 ANCHORAGE DRIVE SOUTH  
City-State-Zip: NORTH PALM BEACH FL 33408

Title AUTHORIZED MEMBER  
Name FORTE, GIUSEPPINA  
Address 114 ANCHORAGE DRIVE SOUTH  
City-State-Zip: NORTH PALM BEACH FL 33408

Title AUTHORIZED REPRESENTATIVE  
Name D'ALESSANDRO, HOPE  
Address 2825 BIARRITZ DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title AUTHORIZED REPRESENTATIVE  
Name RAMIREZ, MILIXA  
Address 7920 N. MILITARY TRAIL  
City-State-Zip: WEST PALM BEACH FL 33410

*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:** ROBERTO FORTE

MANAGER

06/28/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date