

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000019249

Entity Name: MEYER'S TURF LLC

Current Principal Place of Business:

7820 N. MILITARY TRAIL
WEST PALM BEACH, FL 33410

Current Mailing Address:

7820 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 LEGACY LLC
7820 N. MILITARY TRAIL
WEST 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: GINO FORTE

06/19/2022

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 AUTHORIZED REPRESENTATIVE
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 MEMBER
Name FORTE PRO INVESTMENTS LLC
Address 7820 N. MILITARY TRAIL
City-State-Zip: WEST PALM BEACH FL 33410

Title AUTHORIZED REPRESENTATIVE
Name FORTE LEGACY LLC
Address 7820 N. MILITARY TRAIL
City-State-Zip: WEST PALM BEACH FL 33410

Title AUTHORIZED REPRESENTATIVE
Name FORTE, GINO A
Address 7820 N. MILITARY TRAIL
City-State-Zip: WEST PALM BEACH FL 33410

Title AUTHORIZED REPRESENTATIVE
Name FORTE, VALENTINO A
Address 7820 N. MILITARY TRL
City-State-Zip: WEST PALM BEACH FL 33410

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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: RITA F SOTO

AUTHORIZED REP

06/19/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED REPRESENTATIVE
Name FORTE, NICHOLAS L
Address 8327 OLD FOREST ROAD
City-State-Zip: PALM BEACH GARDENS FL 33410

Title AUTHORIZED REPRESENTATIVE
Name FORTE, ROBERTO N JR
Address 7820 N. MILITARY TRL
City-State-Zip: WEST PALM BEACH FL 33410