

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000052319

Entity Name: NO MOW, LLC

Current Principal Place of Business:

373 FIFTH ST.
ATLANTIC BEACH, FL 32233

Current Mailing Address:

373 FIFTH ST.
ATLANTIC BEACH, FL 32233

FEI Number: 26-2700940

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MACINNES, DAVID H
373 FIFTH STREET
ATLANTIC BEACH, FL 32233 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 MGRM
Name MACINNES, DAVID H
Address 373 FIFTH ST.
City-State-Zip: ATLANTIC BEACH FL 32233

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: DAVID H MACINNES

MANAGING MEMBER

01/15/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date