

**2017 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**

**03/16/2017**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date