| italiio alla /  | aalooo ol oallont kogiotoloa / goliti                              |                          |  |            |
|-----------------|--|--------------------------|--|------------|
| 324 WILSHIRE    | DCIATES CPA'S, PLLC<br>BLVD<br>Y, FL 32707 US                      |                          |  |            |
| The above named | l entity submits this statement for the purpose of changing its re | gistered office or regis | stered agent, or both, in the State of F | lorida.    |
| SIGNATURE       | E CEF OTERO, CPA   |                          |  | 07/07/2016 |
|                 | Electronic Signature of Registered Agent                           |                          |  | Date       |
| Authorized      | Person(s) Detail :   |                          |  |            |
| Title           | MGRM   | Title                    | MGRM                                     |            |
| Name            | MORALES, JUAN-PABLO  | Name                     | MORALES, DIEGO                           |            |
| Address         | 1297 VAN ARSDALE STREET  | Address                  | 3424 GERBER DAISY LANE                   |            |
| City-State-Zip: | OVIEDO FL 32765  | City-State-Zip:          | OVIEDO FL 32766                          |            |
| Title           | MGRM   |                          |  |            |
| Name            | MORALES, ALBERTO   |                          |  |            |
| Address         | 1826 SHADYHILL TERRACE   |                          |  |            |
| City-State-Zip: | WINTER PARK FL 32792   |                          |  |            |

1297 VAN ARSDALE STREET OVIEDO, FL 32765

#### **Current Mailing Address:**

1297 VAN ARSDALE STREET OVIEDO, FL 32765 US

# FEI Number: 27-2476839

## Name and Address of Current Registered Agent:

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: JUAN-PABLO MORALES

MANAGING MEMBER

07/07/2016

Electronic Signature of Signing Authorized Person(s) Detail

## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L10000045468

Entity Name: PANORAMA LANDSCAPING, LLC

### **Current Principal Place of Business:**

Secretary of State CC4594872367

Certificate of Status Desired: No

FILED Jul 07, 2016

Date