# 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: OMAR PIEDRA

Electronic Signature of Signing Authorized Person(s) Detail

# DOCUMENT# L10000065426

## Entity Name: MASTER IRRIGATION & SERVICES, LLC

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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

5350 SW 162ND AVE SOUTHWEST RANCHES, FL 33331

## **Current Mailing Address:**

5350 SW 162ND AVE SOUTHWEST RANCHES, FL 33331 US

## FEI Number: 27-2975029

## Name and Address of Current Registered Agent:

PIEDRA, OSCAR 5350 SW 162ND AVE SOUTHWEST RANCHES, FL 33331 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

#### Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	PIEDRA, OSCAR	Name	PIEDRA, OMAR
Address	5350 SW 162ND AVE	Address	5350 SW 162ND AVE
City-State-Zip:	SOUTHWEST RANCHES FL 33331	City-State-Zip:	SOUTHWEST RANCHES FL 33331

Certificate of Status Desired: No

05/15/2020

## FILED May 15, 2020 Secretary of State 1681446257CC

Date

MGR

Date