275 MIRAMAR				
FORT MYERS,	FL 33905			
Current Mai	iling Address:			
275 MIRAM	AR RD			
FORT MYER	RS, FL 33905 US			
FEI Number: 46-4001668 Certificate of Status			Certificate of Status Desir	ed: No
Name and A	Address of Current Registered Agent:			
MIGUEL GASP	PAR, MIGUEL A			
534 CAROLINA	AVE			
	AVE			
534 CAROLINA FORT MYERS,	AVE	istered office or regis	tered agent, or both, in the State of Florid	da.
534 CAROLINA FORT MYERS, The above name	A AVE FL 33905 US	istered office or regis	0	_{da.} 04/29/2024
534 CAROLINA FORT MYERS, The above name	A AVE FL 33905 US d entity submits this statement for the purpose of changing its regi	istered office or regis	0	
534 CAROLINA FORT MYERS, The above name SIGNATURE	A AVE FL 33905 US d entity submits this statement for the purpose of changing its regi E: MIGUEL GASPAR MIGUEL	istered office or regis	0	04/29/2024
534 CAROLINA FORT MYERS, The above name SIGNATURE	A AVE FL 33905 US d entity submits this statement for the purpose of changing its regises E: MIGUEL GASPAR MIGUEL Electronic Signature of Registered Agent	istered office or regis	0	04/29/2024
534 CAROLINA FORT MYERS, The above name SIGNATURE Authorized	A AVE FL 33905 US d entity submits this statement for the purpose of changing its regises E: MIGUEL GASPAR MIGUEL Electronic Signature of Registered Agent Person(s) Detail :			04/29/2024 Date
534 CAROLINA FORT MYERS, The above name SIGNATURE Authorized Title	A AVE FL 33905 US d entity submits this statement for the purpose of changing its regises E: MIGUEL GASPAR MIGUEL Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MGR	04/29/2024 Date
534 CAROLINA FORT MYERS, The above name SIGNATURE Authorized Title Name	A AVE FL 33905 US d entity submits this statement for the purpose of changing its register E: MIGUEL GASPAR MIGUEL Electronic Signature of Registered Agent Person(s) Detail : MGR MIGUEL GASPAR, MIGUEL A 275 MIRAMAR RD	Title Name	MGR PASCUAL FELIPE, JOSE MENDE 3931 SEMINOLE AVE	04/29/2024 Date

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: MIGUEL GASPAR, MIGUEL A

MGR

04/29/2024

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000151064

Entity Name: MJR LANDSCAPING AND LAWN CARE "LLC"

Current Principal Place of Business:

FILED Apr 29, 2024 Secretary of State 7563858864CC

Electronic Signature of Signing Authorized Person(s) Detail