

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000110804

**Entity Name:** CIRCELLI LAWN CARE, LLC

**Current Principal Place of Business:**

15159 OXFORD CV  
#2504  
FORT MYERS , FL 33919

**Current Mailing Address:**

15159 OXFORD CV  
#2504  
FORT MYERS, FL 33919 US

**FEI Number: 46-3472431**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CIRCELLI, JOSEPH  
15159 OXFORD CV  
2504  
FORT MYERS , FL 33919 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: JOSEPH CIRCELLI**

**01/19/2020**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	ABR	Title	MGR
Name	CIRCELLI, JOSEPH	Name	CIRCELLI, DONNA M
Address	15159 OXFORD CV #2504	Address	15159 OXFORD CV #2504
City-State-Zip:	FORT MYERS FL 33919	City-State-Zip:	FORT MYERS FL 33919

*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: DONNA M CIRCELLI**

**ASST. MANAGER**

**01/19/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date