## 2021 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: No

## 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 01/31/2021

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 Address 15159 OXFORD CV

#2504 #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.

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 31, 2021

**Secretary of State** 

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