

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000175098

**Entity Name:** BEST CUTTING LAWN SERVICE LLC.

**Current Principal Place of Business:**

3101 NW 43 AVE  
LAUDERDALE LAKES, FL 33319

**Current Mailing Address:**

P.O. BOX 100665  
FORT LAUDERDALE, FL 33310 US

**FEI Number: 47-5396948**

**Certificate of Status Desired: No**

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

GEDILUS, AREUS  
3101 NW 43 AVE  
LAUDERDALE LAKES, FL 33319 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

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            GEDILUS FERDINAND, ROSE B  
Address        3101 NW 43 AVE  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title            MANAGER  
Name            GEDILUS, AREUS  
Address        3101 NW 43 AVE  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title            AUTHORIZED MEMBER  
Name            FERDINAND GEDILUS, ROSE BERLANDE  
Address        3101 NW 43 AVE  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title            AUTHORIZED MEMBER  
Name            GEDILUS, AREUS  
Address        3101 NW 43 AVE  
City-State-Zip: LAUDERDALE LAKES FL 33319

*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: ROSE BERLANDE FERDINAND GEDILUS**

**PRESIDENT**

**04/06/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date