

2022 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:** Yes**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

AUTHORIZED MEMBER

02/09/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date