

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000190388

**Entity Name:** GIFTS FOR LANDSCAPERS, LLC

**Current Principal Place of Business:**

160 POND CYPRESS ROAD  
SUITE B  
VENICE, FL 34292

**FILED**  
**Feb 06, 2017**  
**Secretary of State**  
**CC1183417387**

**Current Mailing Address:**

160 POND CYPRESS ROAD  
SUITE B  
VENICE, FL 34292 US

**FEI Number:** 47-5579914

**Certificate of Status Desired:** No

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

GONZALEZ, JOSEPH P  
299 S. HAVANA ROAD  
VENICE, FL 34292 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            AMBR  
Name            GONZALEZ, PENELOPE  
Address        160 POND CYPRESS ROAD, SUITE B  
City-State-Zip: VENICE FL 34292

Title            AMBR  
Name            FISTNER, GEORGETTE  
Address        160 POND CYPRESS ROAD, SUITE B  
City-State-Zip: VENICE FL 34292

Title            AMBR  
Name            MORROW, DEBRA  
Address        160 POND CYPRESS ROAD, SUITE B  
City-State-Zip: VENICE FL 34292

Title            AMBR  
Name            LASOTA, PAMELA  
Address        160 POND CYPRESS ROAD, SUITE B  
City-State-Zip: VENICE FL 34292

*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:** PAMELA LASOTA

AMBR

02/06/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date