

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000197927

**Entity Name:** BG LAWN CARE SERVICES LLC

**Current Principal Place of Business:**

809 NE 21ST STREET APT 1  
BELLE GLADE, FL 33430

**Current Mailing Address:**

809 NE 21ST STREET APT 1  
BELLE GLADE, FL 33430 US

**FEI Number: 81-0732686**

**Certificate of Status Desired: No**

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

RUIZ, GUILLERMO  
809 NE 21ST STREET APT 1  
BELLE GLADE, FL 33430 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            RUIZ PEREZ, GUILLERMO  
Address        809 NE 21ST STREET APT 1  
City-State-Zip: BELLE GLADE FL 33430

Title            VP  
Name            RUIZ RODRIGUEZ, JUAN  
Address        809 NE 21ST STREET APT 1  
City-State-Zip: BELLE GLADE FL 33430

Title            AP  
Name            ALVAREZ MOREIRA, STEPHANIE  
Address        809 NE 21ST STREET APT 1  
City-State-Zip: BELLE GLADE FL 33430

Title            AP  
Name            PEREZ SANCHEZ, MAIRA  
Address        809 NE 21ST STREET APT 1  
City-State-Zip: BELLE GLADE FL 33430

*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: GUILLERMO RUIZ PEREZ**

**PRESIDENT**

**04/10/2016**

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

\_\_\_\_\_  
Date