| Entity Name: ANGELO LAWNCARE & TREE TRIMMING SERVICE LLC | | | Secretary of State | |
|--|--|------------------------|--|---|
| Current Prin | cipal Place of Business: | | 8361693265CC | |
| Current Mail | ling Address: | | | |
| 3565 SW 161 FORT LAUD | TH STREET ERDALE, FL 33312 US | | | |
| FEI Number: 82-2299430 Certificate of Sta | | | Certificate of Status Desired: No | |
| Name and A | ddress of Current Registered Agent: | | | |
| MAZARIEGOS, 3565 SW 16TH FORT LAUDERI | | | | |
| The above named | entity submits this statement for the purpose of changing its regist | tered office or regisi | tered agent, or both, in the State of Florida. | |
| SIGNATURE: ADILIO R MAZARIEGOS | | | 02/19/2024 | |
| | Electronic Signature of Registered Agent | | Date | - |
| Authorized I | Person(s) Detail : | | | |
| Title | PRESIDENT | Title | MANAGER | |
| | | | | |
| Name | MAZARIEGOS, ADILIO R | Name | MAZARIEGOS, MONICO DE JESUS | |
| Name Address | MAZARIEGOS, ADILIO R 3565 SW 16TH STREET | Name Address | MAZARIEGOS, MONICO DE JESUS 3565 SW 16TH STREET | |

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT#117000145427

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: ADILIO MAZARIEGOS

PRESIDENTE

02/19/2024

FILED Feb 19. 2024

Electronic Signature of Signing Authorized Person(s) Detail

Date