

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000214615

**Entity Name:** LAWNSCAPE OF CF LLC

**Current Principal Place of Business:**

15740 NW 185TH ST  
WILLISTON FL, FL 32696

**Current Mailing Address:**

15740 NW 185TH ST  
WILLISTON, FL 32696 US

**FEI Number:** 82-3124264

**Certificate of Status Desired:** No

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

SHERMAN, HACKNEY  
15740 NW 185TH ST  
WILLISTON, FL 32696 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 MGRM  
Name HACKNEY, SHERMAN  
Address 5675 NW 219TH ST RD  
City-State-Zip: MICANOPY FL 32667

Title MGRM  
Name HACKNEY, BRET  
Address 5675 NW 219TH ST RD  
City-State-Zip: MICANOPY FL 32667

Title MGR  
Name HACKNEY, TINA  
Address 5675 NW 219TH ST RD  
City-State-Zip: MICANOPY FL 32667

*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:** SHERMAN HACKNEY

MGR

04/02/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date