

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000163523

**Entity Name:** GENESIS TREE CARE LLC

**Current Principal Place of Business:**

6326 VICTORIA PARK CT.  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

6326 VICTORIA PARK CT.  
JACKSONVILLE, FL 32216 US

**FEI Number:** 83-0969690

**Certificate of Status Desired:** Yes

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

HYSLOP, FLOYE S  
6326 VICTORIA PARK CT.  
JACKSONVILLE, FL 32216 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 MGR  
Name HYSLOP, THOMAS W III  
Address 6326 VICTORIA PARK CT.  
City-State-Zip: JACKSONVILLE FL 32216

Title MGR  
Name HYSLOP, FLOYE S  
Address 6326 VICTORIA PARK CT.  
City-State-Zip: JACKSONVILLE FL 32216

Title MGR  
Name HYSLOP, MINDY R  
Address 2320 MILLS CT  
City-State-Zip: JACKSONVILLE FL 32216

*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:** FLOYE HYSLOP

**OWNER**

**05/02/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date