

**2022 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:** No**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, 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

Title	MGR
Name	HYSLOP, ADAM
Address	6326 VICTORIA PARK 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

MANAGER

01/30/2022

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