

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000181605

**Entity Name:** WILLIAMS MAGICAL GARDEN CENTER & LANDSCAPE, LLC

**Current Principal Place of Business:**

1717 PINE RIDGE ROAD  
NAPLES, FL 34109

**Current Mailing Address:**

1717 PINE RIDGE ROAD  
NAPLES, FL 34109 US

**FEI Number: 80-0969854**

**Certificate of Status Desired: No**

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

THOMAS, LUANN  
1717 PINE RIDGE ROAD  
NAPLES, FL 34109 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: LUANN THOMAS**

**04/27/2021**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title PRESIDENT

Name STANLEY, CHERYL

Address 1717 PINE RIDGE ROAD

City-State-Zip: NAPLES FL 34109

*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: CHERYL STANLEY**

**PRESIDENT**

**04/27/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date