

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000019359

**Entity Name:** AGAVE LAWN CARE LLC

**Current Principal Place of Business:**

290 18TH ST SE  
NAPLES, FL 34117

**Current Mailing Address:**

290 18TH ST SE  
NAPLES, FL 34117

**FEI Number: 83-3291043**

**Certificate of Status Desired:** No

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

SANTIAGO RAMIREZ, FRANCISCO  
290 18TH ST SE  
NAPLES, FL 34117 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 SANTIAGO RAMIREZ, FRANCISCO  
Address 290 18TH ST SE  
City-State-Zip: NAPLES FL 34117

*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: FRANCISCO SANTIAGO RAMIREZ**

**MGR**

**04/26/2021**

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

\_\_\_\_\_  
Date