

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000045380

**Entity Name:** SPRINGSCAPES LAWN CARE, LLC

**Current Principal Place of Business:**

816 PISSARO AVENUE  
PONTE VEDRA, FL 32081

**Current Mailing Address:**

13720 OLD ST. AUGUSTINE ROAD  
STE 8-251  
JACKSONVILLE, FL 32258 US

**FEI Number:** 83-3660333

**Certificate of Status Desired:** No

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

SPRING, AMY  
816 PISSARO AVENUE  
PONTE VEDRA, FL 32081 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	AMBR	Title	AMBR
Name	SPRING, MICHAEL	Name	SPRING, AMY
Address	816 PISSARO AVENUE	Address	816 PISSARO AVENUE
City-State-Zip:	PONTE VEDRA FL 32081	City-State-Zip:	PONTE VEDRA FL 32081

*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:** AMY SPRING

**OWNER**

**07/11/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date