

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000215461

Entity Name: IRRIGATION SYSTEMS, LLC**Current Principal Place of Business:**6900 TAVISTOCK LAKES BLVD
SUITE 200
ORLANDO, FL 32827**Current Mailing Address:**6900 TAVISTOCK LAKES BLVD
SUITE 200
ORLANDO, FL 32827 US**FEI Number:** 84-3218406**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL REGISTERED AGENTS, INC.
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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 P
Name COLLIN, T CRAIG
Address 6900 TAVISTOCK LAKES BLVD
SUITE 200
City-State-Zip: ORLANDO FL 32827

Title VP
Name BEATY, CLINT
Address 6900 TAVISTOCK LAKES BLVD
SUITE 200
City-State-Zip: ORLANDO FL 32827

Title VP, S
Name RENCORET, MICHELLE
Address 6900 TAVISTOCK LAKES BLVD
SUITE 200
City-State-Zip: ORLANDO FL 32827

Title VP
Name BEUCHER, NICHOLAS F III
Address 6900 TAVISTOCK LAKES BLVD
SUITE 200
City-State-Zip: ORLANDO FL 32827

Title VP
Name WEAVER, BENJAMIN A
Address 6900 TAVISTOCK LAKES BLVD
SUITE 200
City-State-Zip: ORLANDO FL 32827

Title VP
Name PARIS, FRANCIS B. JR.
Address 6900 TAVISTOCK LAKES BLVD
SUITE 200
City-State-Zip: ORLANDO FL 32827

Title VPT
Name BYRNES, DANIEL R
Address 6900 TAVISTOCK LAKES BLVD
SUITE 200
City-State-Zip: ORLANDO FL 32827

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: BENJAMIN A. WEAVER

VICE PRESIDENT

03/21/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date