#### 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. MGR

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

SIGNATURE: CECILIA MERCEDES NOCETTI

Electronic Signature of Signing Authorized Person(s) Detail

# Entity Name: LANDSCAPE MANAGER, LLC

**Current Principal Place of Business:** 9632 SAVONA WINDS DR DELRAY BEACH. FL 33446

DOCUMENT# L19000257400

## **Current Mailing Address:**

9858 CLINT MOORE RD. SUITE C111-290 BOCA RATON, FL 33496 US

# FEI Number: 84-3542510

# Name and Address of Current Registered Agent:

WHOLE TAX PROFESSIONAL SERVICES, INC 1800 SW 1ST ST 202 MIAMI, FL 33135 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

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	GRANDE, ANDRES A	Name	NOCETTI, CECILIA M
Address	9632 SAVONA WINDS DR	Address	9632 SAVONA WINDS DR
City-State-Zip:	DELRAY BEACH FL 33446	City-State-Zip:	DELRAY BEACH FL 33446

FILED Apr 09, 2021 Secretary of State 2787175830CC

Date

Certificate of Status Desired: Yes

04/09/2021

Date