| 549 VIHLEN R SANFORD, FI | - | | | |
|---|--|-----------------------------------|---|-----------------------|
| Current Ma | iling Address: | | | |
| PO BOX 47 LAKE MON | 0443 ROE, FL 32747 US | | | |
| FEI Number: 84-3526035 | | Certificate of Status Desired: No | | |
| Name and A | Address of Current Registered Agent: | | | |
| kazanjian, 0 1921 oakmon | | | | |
| CORAL SPRIN | IGS, FL 33071 US | | | |
| | IGS, FL 33071 US | gistered office or regis | tered agent, or both, in the State of F | ilorida. |
| The above name | | gistered office or regis | tered agent, or both, in the State of F | lorida. 04/13/2023 |
| The above name | d entity submits this statement for the purpose of changing its re | gistered office or regis | tered agent, or both, in the State of F | |
| The above name SIGNATUR | ed entity submits this statement for the purpose of changing its re E: GALEN KAZANJIAN | gistered office or regis | tered agent, or both, in the State of F | 04/13/2023 |
| The above name SIGNATUR | ed entity submits this statement for the purpose of changing its re E: GALEN KAZANJIAN Electronic Signature of Registered Agent | gistered office or regis | tered agent, or both, in the State of F | 04/13/2023 |
| The above name SIGNATUR Authorized | ed entity submits this statement for the purpose of changing its re E: GALEN KAZANJIAN Electronic Signature of Registered Agent Person(s) Detail : | | | 04/13/2023 |
| The above name SIGNATUR Authorized Title | ed entity submits this statement for the purpose of changing its re E: GALEN KAZANJIAN Electronic Signature of Registered Agent Person(s) Detail : MGR | Title | MGR | 04/13/2023 |

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.

MGR

SIGNATURE: BRYAN WALTERS

Electronic Signature of Signing Authorized Person(s) Detail

04/13/2023

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000259442

Entity Name: SECOND TO NONE LANDSCAPING & TREE SERVICE OF ORLÁNDO LLC

Current Principal Place of Business:

Date

FILED Apr 13, 2023 Secretary of State 9759548337CC