#### **2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L20000025633

Entity Name: FOUR LEAF TOTAL LAWN CARE LLC

Jul 24, 2023 Secretary of State 6552798167CR

**FILED** 

## **Current Principal Place of Business:**

1743 HAZELTON AVE NORTH PORT. FL 34286

### **Current Mailing Address:**

1743 HAZELTON AVE NORTH PORT. FL 34286 US

FEI Number: 84-4944043 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

SENTER, ZACHARY T 1743 HAZELTON AVE NORTH PORT, FL 34286 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: ZACHARY SENTER 07/24/2023

Electronic Signature of Registered Agent

Date

### Authorized Person(s) Detail:

Title AMBR

Name SENTER, ZACHARY T
Address 1743 HAZELTON AVE
City-State-Zip: NORTH PORT FL 34286

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.

Electronic Signature of Signing Authorized Person(s) Detail