

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000113651

Entity Name: CHIPPER CHOPPER LAWN SERVICE LLC

Current Principal Place of Business:

4003 SCHOOL CIRCLE
PORT LABELLE, FL 33935

Current Mailing Address:

4003 SCHOOL CIRCLE
PORT LABELLE, FL 33935 US

FEI Number: 85-0898787

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MITCHELL, TRAVIS
4003 SCHOOL CIRCLE
PORT LABELLE, FL 33935 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
Name MITCHELL, TRAVIS
Address 4003 SCHOOL CIRCLE
City-State-Zip: PORT LABELLE FL 33935

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: MITCHELL, TRAVIS

AMBR

03/10/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date