

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000003282

Entity Name: ANTHONY E DICKERSON LAWN SERVICE LLC**Current Principal Place of Business:**4646 WILLIAMSBURG AVE
JACKSONVILLE, FL 32208**Current Mailing Address:**4646 WILLIAMSBURG AVE
JACKSONVILLE, FL 32208 US**FEI Number:** 26-4663148**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DICKERSON, ANYHONY
4646 WILLIAMSBURG AVE
JACKSONVILLE, FL 32208 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	PD
Name	DICKERSON, ANTHONY E
Address	4646 WILLIAMSBURG AVE
City-State-Zip:	JACKSONVILLE FL 32208

Title	VP
Name	DICKERSON, LAWANDA
Address	4646 WILLIAMSBURG AVE
City-State-Zip:	JACKSONVILLE FL 32208

Title	TRE
Name	DICKERSON, ANTHONY JR
Address	4646 WILLIAMSBURG AVE
City-State-Zip:	JACKSONVILLE FL 32208

Title	SEC
Name	DICKERSON, LAWANDA
Address	4646 WILLIAMSBURG AVE
City-State-Zip:	JACKSONVILLE FL 32208

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: LAWANDA B DICKERSON

VICE PRESIDENT

02/03/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date