| FEI Number: 86-3749087<br>Name and Address of Current Registered Agent: |   | Certificate of Status Desired: Yes   |   |                      |  |  |
|---|---|--|---|----------------------|--|--|
| CULMER, SABRIN<br>3402 SAN MOISE<br>PLANT CITY, FL                      | PLACE   |  |   |                      |  |  |
|   |   | 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. |   |                      |  |  |
| The above named e   | ntity submits this statement for the purpose of changing its regist                   | tered office or regis  | tered agent, or both, in the State of Fle | orida.               |  |  |
|   | ntity submits this statement for the purpose of changing its regist<br>SABRINA CULMER | tered office or regis  | tered agent, or both, in the State of Flo | orida.<br>03/13/2024 |  |  |
|   |   | tered office or regis  | tered agent, or both, in the State of Flo |                      |  |  |
| SIGNATURE:  | SABRINA CULMER  | tered office or regis  | tered agent, or both, in the State of Flo | 03/13/2024           |  |  |
| SIGNATURE:  | SABRINA CULMER<br>Electronic Signature of Registered Agent                            | tered office or regis  | tered agent, or both, in the State of Flo | 03/13/2024           |  |  |
| SIGNATURE:<br>Authorized Per<br>Title                                   | SABRINA CULMER<br>Electronic Signature of Registered Agent<br>erson(s) Detail :       |  |   | 03/13/2024           |  |  |

#### **Current Mailing Address:**

PO BOX 5903

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# 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: CULMER, SABRINA

AMBR

City-State-Zip: PLANT CITY FL 33563

03/13/2024

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L21000197316

Entity Name: HOT PURSUIT LAWN SERVICE LLC

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

3402 SAN MOISE PLACE PLANT CITY, FL 33567

PLANT CITY, FL 33563 US

City-State-Zip: PLANT CITY FL 33563

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 13, 2024 Secretary of State 5059540829CC

Date