

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000295996

**Entity Name:** LAWN ARTIST LLC

**Current Principal Place of Business:**

3223 SKYVIEW DR  
LAKELAND, FL 33801

**Current Mailing Address:**

3223 SKYVIEW DR  
LAKELAND, FL 33801

**FEI Number:** 87-1408406

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PASTOR, JOSE O  
3223 SKYVIEW DR  
LAKELAND, FL 33801 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            PASTOR, JOSE  
Address        3223 SKYVIEW DR  
City-State-Zip: LAKELAND FL 33801

*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:** JOSE PASTOR

AMBR

02/22/2024

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date