

2022 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

MANAGER

02/21/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date