

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000023967

**Entity Name:** THISTLE LAWN CARE SERVICE, LLC

**Current Principal Place of Business:**

4980 COUNTY ROAD 103G  
OXFORD, FL 34484

**Current Mailing Address:**

P.O. BOX 552  
OXFORD, FL 34484

**FEI Number: 87-4629306**

**Certificate of Status Desired: Yes**

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

POLE, CAMILLE  
4980 COUNTY ROAD 103G  
OXFORD, FL 34484 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	AR	Title	AP
Name	POLE, CAMILLE	Name	POLE, DANA J
Address	4980 COUNTY ROAD 103G	Address	4980 COUNTY ROAD 103G
City-State-Zip:	OXFORD FL 34484	City-State-Zip:	OXFORD FL 34484

*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: CAMILLE POLE**

**MANAGER**

**03/06/2024**

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

\_\_\_\_\_  
Date