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.

MGR

SIGNATURE: SAMUEL W TODD

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail : Title MGR Title MGR MCCLELLAN, DUNCAN X Name MOORE, ALEXANDER G Name 15775 PARETE ROAD Address 1316 1ST STREET SOUTH Address City-State-Zip: JACKSONVILLE FL 32218 City-State-Zip: Title MGR TODD, SAMUEL W Name

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.

629 LOMAX STREET

JACKSONVILLE FL 32204

le and Address of Current Registered Agent.	
YON, NICOLLE A	
OMÁX STREET	
SONVILLE EL 32204 LIS	

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business: 629 LOMAX STREET JACKSONVILLE, FL 32204

DOCUMENT# L22000353673

Current Mailing Address:

629 LOMAX STREET JACKSONVILLE. FL 32204 US

FEI Number: 88-3732067

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

Entity Name: SERVICEPRO LAWN SOLUTIONS LLC

MARY 629 LC JACKSONVILLE, FL 32204 US

SIGNATURE:

Address

City-State-Zip:

Certificate of Status Desired: No

JACKSONVILLE BEACH FL 32250

01/31/2024 Date

Date

Jan 31, 2024 Secretary of State 1034547977CC