

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000476692

**Entity Name:** RODRIGUEZ LAWN CARE, LLC

**Current Principal Place of Business:**

507 WATER OAK AVE  
CLEWISTON, FL 33440

**Current Mailing Address:**

507 WATER OAK AVE  
CLEWISTON, FL 33440 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

RODRIGUEZ, ALBERTO  
507 WATER OAK AVE  
CLEWISTON, FL 33440 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           | MGR                | Title           | AMBR                |
| Name            | RODRIGUEZ, ALBERTO | Name            | RODRIGUEZ, ASHLEY M |
| Address         | 507 WATER OAK AVE  | Address         | 507 WATER OAK AVE   |
| City-State-Zip: | CLEWISTON FL 33440 | City-State-Zip: | CLEWISTON FL 33440  |

|                 |                       |                 |                        |
|-----------------|-----------------------|-----------------|------------------------|
| Title           | AMBR                  | Title           | MGR                    |
| Name            | HERNANDEZ, MARIAELENA | Name            | RODRIGUEZ, ALBERTO SR. |
| Address         | 507 WATER OAK AVE     | Address         | 507 WATER OAK AVE      |
| City-State-Zip: | CLEWISTON FL 33440    | City-State-Zip: | CLEWISTON FL 33440     |

*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:** ALBERTO RODRIGUEZ

**REGISTERED AGENT**

**03/12/2023**

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

\_\_\_\_\_  
Date