

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000503710

**Entity Name:** THE GARCIA'S LAWN MAINTENANCE & LANDSCAPING, LLC

**Current Principal Place of Business:**

216 PINE WINDS DR  
SANFORD, FL 32773

**Current Mailing Address:**

216 PINE WINDS DR  
SANFORD, FL 32773

**FEI Number: 93-4259810**

**Certificate of Status Desired: Yes**

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

GARCIA LEON, RAFAEL  
216 PINE WINDS DR  
SANFORD, FL 32773 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	GARCIA LEON, RAFAEL	Name	GARCIA LEON, RAFAEL
Address	216 PINE WINDS DR	Address	216 PINE WINDS DR
City-State-Zip:	SANFORD FL 32773	City-State-Zip:	SANFORD FL 32773
Title	AMBR	Title	MGR
Name	GARCIA LEON, RAFAEL	Name	GARCIA LEON, RAFAEL
Address	216 PINE WINDS DR	Address	216 PINE WINDS DR
City-State-Zip:	SANFORD FL 32773	City-State-Zip:	SANFORD FL 32773

*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: RAFAEL GARCIA LEON**

**AR**

**05/01/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date