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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

SIGNATURE: SANDRO MENDOZA

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

02/20/2024 Date

Secretary of State 5504712738CC

FILED Feb 20, 2024

Certificate of Status Desired: No

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:	PATRICK LANE			02/20/2024	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	Ρ	Title	VP		
Name	MENDOZA, SANDRO	Name	MENDOZA, OSVALDO		
Address	4870 20TH ST NE	Address	645 SW BLVD		
City-State-Zip:	NAPLES FL 34120	City-State-Zip:	NAPLES FL 34113		

# 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000037415

Entity Name: S. MENDOZA COMPLETE LAWN CARE, INC.

## **Current Principal Place of Business:**

4870 20TH ST NE NAPLES, FL 34120

## **Current Mailing Address:**

4870 20TH ST NE NAPLES, FL 34120

#### FEI Number: 45-1704956

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

LANE, PATRICK CPA 606 BALD EAGLE DR SUITE 301 MARCO ISLAND, FL 34145 US