

**2015 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

**Certificate of Status Desired:** No

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

TAX & FINANCIAL STRATEGISTS LLC  
28089 VANDERBILT DR  
SUITE 201  
BONITA SPRINGS, FL 34134 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

**Officer/Director Detail :**

Title P  
Name MENDOZA, SANDRO  
Address 4870 20TH ST NE  
City-State-Zip: NAPLES FL 34120

*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

P

03/20/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date