

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000000545

**Entity Name:** SOUTH TROPICAL LAWN SERVICE, INC

**Current Principal Place of Business:**

18459 PINES BLVD STE 441  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

18459 PINES BLVD STE 441  
PEMBROKE PINES, FL 33029 US

**FEI Number: 46-1657494**

**Certificate of Status Desired: No**

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

AQUINO, LILIAN  
761 NW 217TH WAY  
PEMBROKE PINES, FL 33029 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 AQUINO, LILIAN  
Address 761 NW 217TH WAY  
City-State-Zip: PEMBROKE PINES FL 33029

Title VP  
Name RIVERA, ABEL  
Address 761 NW 217TH WAY  
City-State-Zip: PEMBROKE PINES FL 33029

*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: ABEL RIVERA**

**VP**

**03/03/2018**

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

\_\_\_\_\_  
Date