#### 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. 01/12/2015 SIGNATURE: STEPHANIE SOTO MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

#### 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071074

Entity Name: SOTO'S LAWN CARE & LANDSCAPING, LLC

# **Current Principal Place of Business:**

296 NORTH EVANS CIRCLE SUITE B DELTONA, FL 32725

## **Current Mailing Address:**

296 NORTH EVANS CIRCLE SUITE B DELTONA, FL 32725 US

## FEI Number: 20-5212941

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

SOTO, STEPHANIE 296 NORTH EVANS CIRCLE SUITE B DELTONA, FL 32725 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

#### Authorized Person(s) Detail :

	Title	MGR	Title	MGR
	Name	SOTO, LETICIA O	Name	STEPHANIE, SOTO
	Address	296 NORTH EVANS CIRCLE	Address	296 NORTH EVANS CIRCLE
	City-State-Zip:	DELTONA FL 32725	City-State-Zip:	DELTONA FL 32725

Certificate of Status Desired: Yes

FILED Jan 12, 2015 Secretary of State CC2911846162

Date

Date