# 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: STEPHANIE SOTO MANAGER 03/09/2016

Electronic Signature of Signing Authorized Person(s) Detail

#### 2016 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 :

MGR	Title	MGR
SOTO, LETICIA O	Name	STEPHANIE, SOTO
296 NORTH EVANS CIRCLE	Address	296 NORTH EVANS CIRCLE
DELTONA FL 32725	City-State-Zip:	DELTONA FL 32725
	MGR SOTO, LETICIA O 296 NORTH EVANS CIRCLE	MGRTitleSOTO, LETICIA OName296 NORTH EVANS CIRCLEAddress

Certificate of Status Desired: No

FILED Mar 09, 2016 Secretary of State CC2863234716

Date

Date