

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000027837

**Entity Name:** COLLINS LAWN & SHRUB CARE LLC

**Current Principal Place of Business:**

6361 39TH ST N  
UNIT 340  
PINELLAS PARK , FL 33781

**Current Mailing Address:**

P.O. BOX 8562  
MADEIRA BEACH, FL 33738

**FEI Number: 38-3780853**

**Certificate of Status Desired:** No

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

STUDENBERG, WALTER EMR  
5476 37TH AVE N  
ST PETERSBURG, FL 33710 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

**Authorized Person(s) Detail :**

Title MGRM  
Name STUDENBERG, WALTER E  
Address 5476 37TH AVE N  
City-State-Zip: ST PETERSBURG FL 33710

*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: WALTER E STUDENBERG**

**OWNER**

**03/12/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date