

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000095850

**Entity Name:** DR. DIRT'S LANDSCAPE DESIGN & SERVICES, LLC**Current Principal Place of Business:**231 VISTA OAK DRIVE  
LONGWOOD, FL 32779**Current Mailing Address:**PO BOX 950068  
LAKE MARY, FL 32795**FEI Number: 80-0270836****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIMPSON, DESIREE A PRES  
231 VISTA OAK DRIVE  
LONGWOOD, FL 32779 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 SIMPSON, DESIREE APRES  
Address 231 VISTA OAK DRIVE  
City-State-Zip: LONGWOOD FL 32779

Title MGRM  
Name SIMPSON, SOPHIE  
Address 231 VISTA OAK DR  
City-State-Zip: LONGWOOD FL 32779

Title AMBR  
Name SIMPSON, KENNETH  
Address 231 VISTA OAK DRIVE  
City-State-Zip: LONGWOOD FL 32779

Title AMBR  
Name CLARKE, TIFFANY  
Address 231 VISTA OAK DRIVE  
City-State-Zip: LONGWOOD FL 32779

Title AMBR  
Name EMANUEL, DAVID  
Address 231 VISTA OAK DRIVE  
City-State-Zip: LONGWOOD FL 32779

*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: DESIREE APRES SIMPSON****MGRM****06/30/2020**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date