

2017 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

04/03/2017

Electronic Signature of Signing Authorized Person(s) Detail_____
Date