## 2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000097470

**Entity Name: TURFSCAPES LLC** 

**Current Principal Place of Business:** 

566 WOODFIRE WAY

CASSELBERRY, FL 32707

**Current Mailing Address:** 

**566 WOODFIRE WAY** 

CASSELBERRY, FL 32707 US

FEI Number: 26-3546269 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALBARELLO, FRANCES 566 WOODFIRE WAY CASSELBERRY, FL 32707 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: FRANCES ALBARELLO 12/05/2017

Electronic Signature of Registered Agent

Date

**FILED** Dec 05, 2017

**Secretary of State** 

CR1087463030

## Authorized Person(s) Detail:

**AUTHORIZED MEMBER** Title Name ALBARELLO, FRANCES Address 566 WOODFIRE WAY

City-State-Zip: CASSELBERRY FL 32707

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: FRANCES ALBARELLO

**AUTH MEMBER** 

12/05/2017