### 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.

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

SIGNATURE: ANTOINE DOUDOU

Electronic Signature of Signing Authorized Person(s) Detail

### **Current Mailing Address:**

# Name and Address of Current Registered Agent:

DOUDOU, ANTOINE 870 NE 147 ST N MIAMI, FL 33161 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	: DOUDOU ANTOINE		04/25/2017
	Electronic Signature of Registered Agent		Date
Authorized Person(s) Detail :			
Title	PRESIDENT	Title	CONSULTANT
Name	DOUDOU, ANTOINE	Name	REMOGENE, MANOUSHKA CONSULT
Address	870 NE 147 ST	Address	1175 NE 125TH ST STE 203
City-State-Zip:	N MIAMI FL 33161	City-State-Zip:	NORTH MIAMI FL 33161

# 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L10000018840

Entity Name: ANTOINE LAWN & TREE SERVICE, LLC

## **Current Principal Place of Business:**

870 NE 147 ST STE 121 N MIAMI, FL 33161

1175 NE 125TH ST STE 203 ATTN:MANOUSHKA REMOGENE N MIAMI, FL 33161 US

# FEI Number: 47-1126580

PRESIDENT

04/25/2017



# FILED Apr 25, 2017 Secretary of State CC0172464153

Certificate of Status Desired: No