## 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

STE 121 N MIAMI, FL 33161

**Current Principal Place of Business:** 

2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

Entity Name: ANTOINE LAWN & TREE SERVICE, LLC

## **Current Mailing Address:**

870 NE 147 ST

DOCUMENT# L10000018840

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

## FEI Number: 47-1126580

## 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		05/18/2016
	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

PRESIDENT

Electronic Signature of Signing Authorized Person(s) Detail

05/18/2016

Certificate of Status Desired: No

SIGNATURE: ANTOINE DOUDOU