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. 03/12/2021

OWNER

SIGNATURE: WILLIAM WILKIN

Electronic Signature of Signing Authorized Person(s) Detail

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000023676

Entity Name: NORTH FLORIDA LAWN AND LANDSCAPES LLC

Current Principal Place of Business:

606 WAKULLA ARRAN RD CRAWFORDVILLE. FL 32327

Current Mailing Address:

PO BOX 518 CRAWFORDVILLE. FL 32327 US

FEI Number: 46-2037111

Name and Address of Current Registered Agent:

ASSOCIATES METROPOLITAN BLVD TALLAHASSEE, FL 32308 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.

	Electronic Signature of Degistered Agent
SIGNATURE:	SHERRY

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MGRM Name WILKIN, WILLIAM Address **PO BOX 518** City-State-Zip: CRAWFORDVILLE FL 32326 03/12/2021

Date

FILED Mar 12, 2021 Secretary of State 5672789306CC

Certificate of Status Desired: No

Date