

2019 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

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LBK ACCOUNTING SERVICES LLC
58 SIOUX CIRCLE
HAVANA, FL 32333 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 WILKIN, WILLIAM
Address PO BOX 518
City-State-Zip: CRAWFORDVILLE FL 32326

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: WILLIAM WILKIN

MGRM

03/27/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date