## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000003193

**Entity Name: HECTORS LAWN CARE SERVICE LLC** 

**Current Principal Place of Business:** 

34475 SUNRIDGE DR DADE CITY, FL 33523

**Current Mailing Address:** 

34475 SUNRIDGE DR DADE CITY, FL 33523 US

FEI Number: 46-4444305 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ESTRADA, HECTOR L 34475 SUNRIDGE DR DADE CITY, FL 33523 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: HECTOR ESTRADA 02/12/2025

Electronic Signature of Registered Agent

Date

FILED Feb 12, 2025

**Secretary of State** 

3003379934CC

Authorized Person(s) Detail:

Title MANAGER Title MANAGER

NameESTRADA, DANETTENameESTRADA, HECTOR LAddress34475 SUNRIDGE DRAddress34475 SUNRIDGE DRCity-State-Zip:DADE CITY FL 33523City-State-Zip:DADE CITY FL 33523

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: DANETTE ESTRADA MA

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER 02/12/2025

Date