# 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: DAVID MCGRAW

Electronic Signature of Signing Authorized Person(s) Detail

.

MGR

01/16/2015

Date

## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000080249

Entity Name: MY JACKSONVILLE LANDSCAPER, LLC

Current Principal Place of Business:

253 ROYAL PALMS DR 1 ATLANTIC BEACH, FL 32233

#### **Current Mailing Address:**

253 ROYAL PALMS DR 1 ATLANTIC BEACH, FL 32233 US

#### FEI Number: 45-5690182

#### Name and Address of Current Registered Agent:

MCGRAW, DAVID R II 1723 PENMAN ROAD JACKSONVILLE BEACH, FL 32250 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

#### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	MCGRAW, DAVID R II	Name	RIVERA, MICHAEL
Address	819 16TH AVENUE S	Address	819 16TH AVENUE S
City-State-Zip:	JACKSONVILLE BEACH FL 32250	City-State-Zip:	JACKSONVILLE BEACH FL 32250

### FILED Jan 16, 2015 Secretary of State CC4668638896

Certificate of Status Desired: No

Date