Current Pri	e: MY JACKSONVILLE LANDSCAPE ncipal Place of Business: I RD LE BEACH, FL 32250	R, LLC		24253CC	
Current Ma	iling Address:				
1719 PENN JACKSONV	IAN RD ′ILLE BEACH, FL 32250 US				
FEI Number: 46-5690182 Cer			Certificate of Status D	Certificate of Status Desired: No	
Name and	Address of Current Registered Age	nt:			
RIVERA, MICH 1719 PENMAN JACKSONVILL					
The above name	ed entity submits this statement for the purpose of cha	anging its registered office or reg	gistered agent, or both, in the State of	<sup>f</sup> Florida.	
SIGNATURE: MICHAEL RIVERA				02/06/2024	
	Electronic Signature of Registered Agent			Date	
Authorized	Person(s) Detail :				
Title	MANAGER	Title	MANAGER		
Name	RIVERA, MICHAEL D	Name	RIVERA, CHENOA D		
Address	1719 PENMAN ROAD	Address	1719 PENMAN ROAD		

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: MICHAEL RIVERA

City-State-Zip: JACKSONVILLE BEACH FL 32250

MANAGER

City-State-Zip: JACKSONVILLE BEACH FL 32250

02/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: MY JACKSONVILLE LANDSCAPER, LLC

## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

02/00/2

FILED Feb 06, 2024

**Secretary of State**