	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	MGR	03/27/2019		

SIGNATURE: DAVID MCGRAW

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business: 1719 PENMAN RD

Current Mailing Address:

1719 PENMAN RD JACKSONVILLE BEACH, FL 32250 US

FEI Number: 46-5690182

Name and Address of Current Registered Agent:

MCGRAW, DAVID R II 1719 PENMAN RD 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	891 16TH AVENUE S	Address	8319 HIGHFIELD AVE
City-State-Zip:	JACKSONVILLE BEACH FL 32250	City-State-Zip:	JACKSONVILLE FL 32216

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L14000080249

Entity Name: MY JACKSONVILLE LANDSCAPER, LLC

JACKSONVILLE BEACH, FL 32250

Secretary of State 0110519335CC

FILED Mar 27, 2019

Certificate of Status Desired: No

Date

Date