

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000145237

**Entity Name:** ULTIMATE GREENSCAPES, LLC

**Current Principal Place of Business:**

11217 SHADYBROOK DR.  
TAMPA, FL 33625

**Current Mailing Address:**

11217 SHADYBROOK DR.  
TAMPA, FL 33625

**FEI Number:** 47-4926589

**Certificate of Status Desired:** No

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

THOMPSON, SHAWN  
11217 SHADYBROOK DR.  
TAMPA, FL 33625 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	MGR	Title	AUTHORIZED MEMBER
Name	THOMPSON, SHAWN	Name	THOMPSON, TRACIE
Address	11217 SHADYBROOK DRIVE	Address	11217 SHADYBROOK DR.
City-State-Zip:	TAMPA FL 33625	City-State-Zip:	TAMPA FL 33625

*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:** SHAWN THOMPSON

**MGR**

**02/04/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date