

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000205939

**Entity Name:** LOST EDEN LANDSCAPING LLC

**Current Principal Place of Business:**

8435 NW 6TH AVE  
GAINESVILLE, FL 32607-

**Current Mailing Address:**

8435 NW 6TH AVE  
GAINESVILLE, FL 32607- US

**FEI Number:** 81-0835386

**Certificate of Status Desired:** No

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

HALL, SCOTT A  
8435 NW 6TH AVE  
GAINESVILLE, FL 32607- 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            AUTHORIZED REPRESENTATIVE  
Name            HALL, SCOTT ALLEN  
Address         8435 NW 6TH AVE  
City-State-Zip: GAINESVILLE FL 32607-

*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:** SCOTT HALL

**OWNER**

**06/30/2020**

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

\_\_\_\_\_ Date