# 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: JEAN-CLAUDE ALEXANDRE

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L16000198672

### Entity Name: ALEXANDRE LANDSCAPING & PLASTERING LLC

### **Current Principal Place of Business:**

620 SW JORDIN AVE PORT SAINT LUCIE. FL 34953

### **Current Mailing Address:**

620 SW JORDIN AVE PORT SAINT LUCIE. FL 34953 US

## **FEI Number: APPLIED FOR**

### Name and Address of Current Registered Agent:

ALEXANDRE, JEAN-CLAUDE 620 SW JORDIN AVE PORT SAINT LUCIE, FL 34953 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 Re

### Authorized Person(s) Detail :

Title	MGR	Title	AMBR
Name	ALEXANDRE, JEAN-CLAUDE	Name	ALEXANDRE, DOMINIQUE
Address	620 SW JORDIN AVE	Address	620 SW JORDIN AVE
City-State-Zip:	PORT SAINT LUCIE FL 34953	City-State-Zip:	PORT SAINT LUCIE FL 34953

egistered Agent			
	Title	AMBR	
IDE	Name	ALEXANDRE, DOMINIQUE	

02/26/2022 MANAGING MEMBER

Date

## FILED Feb 26, 2022 Secretary of State 9603367420CC

Certificate of Status Desired: No

Date