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. 11/04/2019

MANAGER

SIGNATURE: GLENN L SEYMORE

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 30-0401099 Name and Address of Current Registered Agent:

SEYMORE, GLENN L 1603 HELENA ST JACKSONVILLE, FL 32208 US

DOCUMENT# L16000221333

1603 HELENA ST

1603 HELENA ST

JACKSONVILLE, FL 32208

Current Mailing Address:

JACKSONVILLE. FL 32208

Current Principal Place of Business:

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: GLENN L SEYMORE

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MANAGER
Name	SEYMORE, GLENN L
Address	1603 HELENA ST
City-State-Zip:	JACKSONVILLE FL 32208

2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

Entity Name: GLENN L SEYMORE LAWN & TREE SERVICE, LLC

FILED Nov 04, 2019 Secretary of State 4639159470CR

Certificate of Status Desired: Yes

Date

11/04/2019 Date