400 N. 23RD ST HAINES CITY,	-			
HAINES OFFT,	T L 55074			
Current Mai	ling Address:			
PO BOX 500 HAINES CIT	05 'Y, FL 33845 US			
FEI Number: 82-1356773			Certificate of Status Desired: No	
Name and A	Address of Current Registered Age	ent:		
NUNEZ, MARC				
400 N. 23RD ST HAINES CITY, I				
HAINES CITY, I		anging its registered office or regist	tered agent, or both, in the State of	Florida.
HAINES CITY, I The above named	FL 33844 US	anging its registered office or regist	tered agent, or both, in the State of	
HAINES CITY, I The above named	FL 33844 US	anging its registered office or regist	tered agent, or both, in the State of	
HAINES CITY, I The above named SIGNATURE	FL 33844 US d entity submits this statement for the purpose of chates: MARCOS NUNEZ	anging its registered office or regist	tered agent, or both, in the State of	02/27/2025
HAINES CITY, I The above named SIGNATURE Authorized	FL 33844 US d entity submits this statement for the purpose of chance E: MARCOS NUNEZ Electronic Signature of Registered Agent	anging its registered office or regist	tered agent, or both, in the State of	02/27/2025
HAINES CITY, I The above named SIGNATURE Authorized	FL 33844 US d entity submits this statement for the purpose of characteristic statement for the purpose of the purpose of characteristic statement for the purpose of characteristic statement for the purpose of characteristic statement for the purpose of t			02/27/2025
HAINES CITY, I The above named SIGNATURE Authorized Title Name	FL 33844 US d entity submits this statement for the purpose of cha E: MARCOS NUNEZ Electronic Signature of Registered Agent Person(s) Detail : AR	Title	AMBR	02/27/2025
HAINES CITY, I The above named SIGNATURE Authorized Title Name Address	FL 33844 US d entity submits this statement for the purpose of cha E: MARCOS NUNEZ Electronic Signature of Registered Agent Person(s) Detail : AR MENCHACA, NOEMI	Title Name Address	AMBR NUNEZ, MARCOS R	02/27/2025

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: MARCOS NUNEZ

02/27/2025 **REGISTERED AGENT**

Date

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000019275

Entity Name: RIGHTWAY LANDSCAPE PROFESSIONALS, LLC

Current Principal Place of Business:

FILED Feb 27, 2025 **Secretary of State** 2987074648CC

Electronic Signature of Signing Authorized Person(s) Detail