HAINES CITY,	T FL 33844			
Current Mai	iling Address:			
PO BOX 500 HAINES CIT	05 FY, FL 33845 US			
FEI Number: 82-1356773			Certificate of Status Desired: No	
Name and A	Address of Current Registered Age	nt:		
NUNEZ, MARC 400 N. 23RD S				
HAINES CITY,	FL 33844 US			
HAINES CITY, The above named	FL 33844 US d entity submits this statement for the purpose of cha	nging its registered office or regis	tered agent, or both, in the State of	
HAINES CITY, The above named	FL 33844 US         d entity submits this statement for the purpose of cha         E:       MARCOS NUNEZ	anging its registered office or regis	tered agent, or both, in the State of	04/13/2024
HAINES CITY, The above named	FL 33844 US d entity submits this statement for the purpose of cha	nging its registered office or regis	tered agent, or both, in the State of	
HAINES CITY, The above named SIGNATURE	FL 33844 US         d entity submits this statement for the purpose of cha         E:       MARCOS NUNEZ	anging its registered office or regis	tered agent, or both, in the State of	04/13/2024
HAINES CITY, The above named SIGNATURE	FL 33844 US         d entity submits this statement for the purpose of chance         E:       MARCOS NUNEZ         Electronic Signature of Registered Agent	nging its registered office or regis	tered agent, or both, in the State of	04/13/2024
HAINES CITY, 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         Person(s) Detail :			04/13/2024
HAINES CITY, The above named SIGNATURE Authorized Title	<ul> <li>FL 33844 US</li> <li>d entity submits this statement for the purpose of chance</li> <li>E: MARCOS NUNEZ</li> <li>Electronic Signature of Registered Agent</li> <li>Person(s) Detail : AR</li> </ul>	Title	AMBR	04/13/2024

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: NUNEZ, MARCOS R

MANAGER

04/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L17000019275

## Entity Name: RIGHTWAY LANDSCAPE PROFESSIONALS, LLC

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

AND NI AND D OT

FILED Apr 13, 2024 Secretary of State 9430168666CC

Date