

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000036317

Entity Name: LIFESTYLE PAVERS LLC

Current Principal Place of Business:

4801 BLACK PINE CT.
JACKSONVILLE, FL 32210

Current Mailing Address:

4801 BLACK PINE CT.
JACKSONVILLE, FL 32210

FEI Number: 81-5080824

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NEWSOME, THOMAS
4801 BLACK PINE CT.
JACKSONVILLE, FL 32210 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 PRES
Name NEWSOME, THOMAS
Address 4801 BLACK PINE CT.
City-State-Zip: JACKSONVILLE FL 32210

Title VP
Name NEWSOME, MALINDA
Address 4801 BLACK PINE CT.
City-State-Zip: JACKSONVILLE FL 32210

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: THOMAS NEWSOME

PRESIDENT

04/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date