

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000257427

Entity Name: HAYWARD & SON'S LLC**Current Principal Place of Business:**1509 EAST DR. M.L.KING JR. BLVD
PLANT CITY, FL 33563**Current Mailing Address:**1509 E. DR.M.L.KING JR. BLVD
PLANT CITY, FL 33563 UN**FEI Number:** 87-1158678**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SMITH, AISHA L
1507 EAST DR. M.L.KING JR. BLV
PLANT CITY, FL 33563 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 AMBR
Name SMITH, AISHA L
Address 1509 E. DR.M.L.KING JR. BLVD
City-State-Zip: PLANT CITY FL 33563

Title AMBR
Name SMITH, HAYWARD L JR.
Address 1509 E. DR.M.L.KING JR. BLVD
City-State-Zip: PLANT CITY FL 33563

Title AMBR
Name WASHINGTON, ERIK T SR.
Address 1509 E. DR.M.L.KING JR. BLVD
City-State-Zip: PLANT CITY FL 33563

Title AMBR
Name SMITH, PAMELA J
Address 1509 E. DR.M.L.KING JR. BLVD
City-State-Zip: PLANT CITY FL 33563

Title AMBR
Name BOX, TAIJER R
Address 1509 E. DR.M.L.KING JR. BLVD
City-State-Zip: PLANT CITY FL 33563

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: AISHA L SMITH

MANAGER

01/24/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date