Electronic Signature of Signing Authorized Person(s) Detail

### 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000070761

Entity Name: FLORIDA IRRIGATION NETWORK, LLC

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

6910 WEST WATERS AVENUE 1609 TAMPA, FL 33634

#### **Current Mailing Address:**

6910 WEST WATERS AVENUE 1609 TAMPA, FL 33634 US

#### FEI Number: 87-2526884

#### Name and Address of Current Registered Agent:

DEL VALLE CRUZ, JOAN H 6910 WEST WATERS AVENUE 1609 TAMPA, FL 33634 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

#### Authorized Person(s) Detail :

Title OWNER JOAN HENRY DEL VALLE CRUZ Name 7905 BEASLEY RD Address City-State-Zip: TAMPA FL 33615

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 JOAN HENRY DEL VALLE 03/25/2023

CRUZ

that my name appears above, or on an attachment with all other like empowered.

# SIGNATURE: JOAN HENRY DEL VALLE CRUZ

Date

## FILED Mar 25, 2023 Secretary of State 9866492875CC

Certificate of Status Desired: No

Date