

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000392742

**Entity Name:** GARY'S LAWNCARE SERVICES, LLC

**Current Principal Place of Business:**

6014 CALENDAR CT W  
LAKELAND, FL 33812

**Current Mailing Address:**

6014 CALENDAR CT W  
LAKELAND, FL 33812 US

**FEI Number:** 87-2597786

**Certificate of Status Desired:** No

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

SCHMIDT, GABRIELA L  
6014 CALENDAR CT W  
LAKELAND, FL 33812 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            SCHMIDT, GABRIELA LEONOR  
Address        6014 CALENDAR CT W  
City-State-Zip: LAKELAND FL 33812

Title            AMBR  
Name            SCHMIDT, GARY BENSON  
Address        6014 CALENDAR CT W  
City-State-Zip: LAKELAND FL 33812

*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:** GABRIELA SCHMIDT

**REGISTERED AGENT**

**04/23/2025**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date