

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000315239

**Entity Name:** MADSCAPES LAWN SERVICES LLC

**Current Principal Place of Business:**

743 DESMOINES DRIVE  
KISSIMMEE, FL 34759

**Current Mailing Address:**

743 DESMOINES DRIVE  
KISSIMMEE, FL 34759 UN

**FEI Number:** 88-3258948

**Certificate of Status Desired:** No

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

LOPEZ, MANUEL  
743 DESMOINES DRIVE  
KISSIMMEE, FL 34759 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           | MGR                 | Title           | MGR                 |
| Name            | LOPEZ, MANUEL       | Name            | MCCLOUD, DEVRON R   |
| Address         | 743 DESMOINES DRIVE | Address         | 3761 LOS ALTOS LOOP |
| City-State-Zip: | KISSIMMEE FL 34759  | City-State-Zip: | KISSIMMEE FL 34746  |

*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:** MANUEL LOPEZ

**MGR**

**03/08/2025**

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

\_\_\_\_\_  
Date