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 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 that my name appears above, or on an attachment with all other like empowered.	
SIGNATURE: JERRY GAINEY	03/14/2024

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000019250

Entity Name: MOW THIS, LLC

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

10740 S FLORIDA AVE FLORAL CITY. FL 34436

## **Current Mailing Address:**

10740 S FLORIDA AVE FLORAL CITY, FL 34436

## FEI Number: 92-1851732

## Name and Address of Current Registered Agent:

GAINEY, JERRY 10740 S FLORIDA AVE FLORAL CITY, FL 34436 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	: JERRY GAINEY			03/14/2024
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	AMBR	
Name	GAINEY, JERRY	Name	GAINEY, RENEE	
Address	10740 S FLORIDA AVE	Address	10740 S FLORIDA AVE	
City-State-Zip:	FLORAL CITY FL 34436	City-State-Zip:	FLORAL CITY FL 34436	

2024

FILED Mar 14, 2024 Secretary of State 1408489198CC

Certificate of Status Desired: No

Electronic Signature of Signing Authorized Person(s) Detail

Date