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

SIGNATURE: JUAN LOPEZ

Electronic Signature of Signing Authorized Person(s) Detail

## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000396014

Entity Name: JUAN OF A KIND LANDSCAPING & MORE, LLC

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

1212 VAN BUREN STREET LAKE PLACID. FL 33852

## **Current Mailing Address:**

**1212 VAN BUREN STREET** LAKE PLACID, FL 33852

## FEI Number: 93-3126519

## Name and Address of Current Registered Agent:

SHEEHAN & CELAYA, P.A. 300 DAL HALL BLVD. LAKE PLACID, FL 33852 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 Regist

## Authorized Person(s) Detail :

Title	AP	Title	AMBR
Name	LOPEZ, JUAN	Name	RAMIREZ, MIGUEL A
Address	1212 VAN BUREN STREET	Address	1212 VAN BUREN STREET
City-State-Zip:	LAKE PLACID FL 33852	City-State-Zip:	LAKE PLACID FL 33852

stered Agent		
	Title	AMBR
	Name	RAMIREZ, MIGUEL A
	Address	1212 VAN BUREN STREET

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

MANAGER

04/08/2024

#### FILED Apr 08, 2024 Secretary of State 0646676920CC

Certificate of Status Desired: No

Date

Date