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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

## SIGNATURE: MERLE RABER

Electronic Signature of Signing Officer/Director Detail

Ρ

# 02/23/2016 Date

Date

# % MARY M. RABER

Entity Name: RABER'S LAWN SERVICE, INC.

**Current Principal Place of Business:** 

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

13655 M J ROAD MYAKKA CITY, FL 34251

DOCUMENT# J03871

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

% MARY M. RABER 13655 M J ROAD MYAKKA CITY, FL 34251

### FEI Number: 59-2669691

### Name and Address of Current Registered Agent:

RABER, MARY M 13655 M J ROAD MYAKKA CITY, FL 34251 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

## **Officer/Director Detail :**

Title	Ρ	Title	V
Name	RABER, MERLE	Name	RABER, MARY
Address	13655 M J ROAD	Address	13655 M J ROAD
City-State-Zip:	MYAKKA CITY FL 34251	City-State-Zip:	MYAKKA CITY FL 34251

# FILED Feb 23, 2016 Secretary of State CC5415606116

Certificate of Status Desired: Yes