

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000353618

Entity Name: TURNING LEAF LAWN CARE, LLC

Current Principal Place of Business:

5372 TREE TOP TRAIL
FORT PIERCE, FL 34951

Current Mailing Address:

5372 TREE TOP TRAIL
FORT PIERCE, FL 34951

FEI Number: 85-3965612

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPRING, JENNIFER J
5372 TREE TOP TRAIL
FORT PIERCE, FL 34951 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 SPRING, JENNIFER J
Address 5372 TREE TOP TRAIL
City-State-Zip: FORT PIERCE FL 34951

Title AMBR
Name SPRING, SHAUN A
Address 5372 TREE TOP TRAIL
City-State-Zip: FORT PIERCE FL 34951

Title AMBR
Name SPRING, AUSTIN A
Address 5372 TREE TOP TRAIL
City-State-Zip: FORT PIERCE FL 34951

Title AMBR
Name SPRING, RILEY A
Address 5372 TREE TOP TRAIL
City-State-Zip: FORT PIERCE FL 34951

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: JENNIFER J. SPRING

AMBR

03/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date