

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000022773

**Entity Name:** CERTIFIED BACKFLOW TESTING OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

2106 MONTANA ST.  
ORLANDO, FL 32803

**Current Mailing Address:**

2106 MONTANA ST.  
ORLANDO, FL 32803

**FEI Number:** 51-0463667

**Certificate of Status Desired:** No

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

BLUM, LONNIE  
2106 MONTANA ST.  
ORLANDO, FL 32803 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  
Name LONNIE, BLUM  
Address 2106 MONTANA ST.  
City-State-Zip: ORLANDO FL 32803

*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:** LONNIE BLUM

MGR

01/30/2022

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

\_\_\_\_\_ Date