

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000060883

**Entity Name:** FACILITY PROTECTION GROUP LLC

**Current Principal Place of Business:**

6304 BENJAMIN ROAD  
SUITE 500  
TAMPA, FL 33634

**FILED**  
**Jan 26, 2023**  
**Secretary of State**  
**0973405230CC**

**Current Mailing Address:**

6304 BENJAMIN ROAD,  
SUITE 500  
TAMPA, FL 33634 US

**FEI Number: 27-2824796**

**Certificate of Status Desired: No**

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

TORGERSON, DAVID C  
6304 BENJAMIN ROAD  
SUITE 500  
TAMPA, FL 33634 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 MGRM  
Name TORGERSON, DAVE C  
Address 6304 BENJAMIN ROAD  
SUITE 500  
City-State-Zip: TAMPA FL 33634

Title MANAGER  
Name TORGERSON, DAVE  
Address 6304 BENJAMIN ROAD  
SUITE 500  
City-State-Zip: TAMPA FL 33634

Title AUTHORIZED MEMBER  
Name TORGERSON, PAULA  
Address 6304 BENJAMIN ROAD  
SUITE 500  
City-State-Zip: TAMPA FL 33634

*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: DAVE TORGERSON**

**MANAGER**

**01/26/2023**

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

\_\_\_\_\_  
Date