# 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.

MGRM

### SIGNATURE: DAVE TORGERSON

Electronic Signature of Signing Authorized Person(s) Detail

# 2021 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

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

6304 BENJAMIN ROAD, SUITE 500 TAMPA, FL 33634 US

#### FEI Number: 27-2824796

#### 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

#### Authorized Person(s) Detail :

Authorized Person(S) Detail.			
Title	MGRM	Title	MANAGER
Name	TORGERSON, DAVE C	Name	TORGERSON, DAVE
Address	6304 BENJAMIN ROAD SUITE 500	Address	6304 BENJAMIN ROAD SUITE 500
City-State-Zip:	TAMPA FL 33634	City-State-Zip:	TAMPA FL 33634
Title	AUTHORIZED MEMBER		
Name	TORGERSON, PAULA		
Address	6304 BENJAMIN ROAD SUITE 500		
City-State-Zip:	TAMPA FL 33634		

Certificate of Status Desired: Yes

FILED Feb 01, 2021 Secretary of State 9990156103CC

> 02/01/2021 Date

Date