

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000133180

**Entity Name:** ADVANCED REMEDIATION SOLUTIONS, LLC

**Current Principal Place of Business:**

501 S. DISSTON AVENUE  
MINNEOLA, FL 34715

**Current Mailing Address:**

P.O. BOX 391  
MINNEOLA, FL 34755 US

**FEI Number: 46-1234304**

**Certificate of Status Desired:** No

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

MOTES, WHITNEY E  
501 S. DISSTON AVENUE  
MINNEOLA, FL 34715 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:** WHITNEY MOTES

07/18/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name INCIDENT MANAGEMENT HOLDINGS, INC.  
Address P.O. BOX 391  
City-State-Zip: MINNEOLA FL 34755

Title P  
Name YEAGER, JUDY  
Address P.O. BOX 391  
City-State-Zip: MINNEOLA FL 34755

Title VP  
Name YEAGER, DAVID  
Address P.O. BOX 391  
City-State-Zip: MINNEOLA FL 34755

Title VPST  
Name MOTES, WHITNEY E  
Address P.O. BOX 391  
City-State-Zip: MINNEOLA FL 34755

*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:** WHITNEY E MOTES

VPST

07/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date