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.

SPOUSE

SIGNATURE: TERRI MEDINA

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: RAFAEL MEDINA JR Electronic Signature of Registered Agent

uthorized Person(s) Detail :

Authorized Person(s) Detail :			
Title	MGRM	Title	SPOUSE
Name	MEDINA, RAFAEL	Name	MEDINA, TERRI
Address	5 CLARENDON CT S	Address	5 CLARENDON CT S
City-State-Zip:	PALM COAST FL 32137	City-State-Zip:	PALM COAST FL 32137
Title	TRUSTEE		
Name	GIULIANO, NICHOLAS S		
Address	5 CLARENDON CT S		
City-State-Zip:	PALM COAST FL 32137		

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.

PALM COAST, FL 32137 **Current Mailing Address:**

5 CLARENDON CT S PALM COAST, FL 32137 US

FEI Number: 46-3625214

Name and Address of Current Registered Agent:

MEDINA, RAFAEL JR. **5 CLARENDON CT S**

PALM COAST, FL 32137 US

4 OFFICE PARK DR SUITE 1

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000127591

Entity Name: ROYAL PALM PEST CONTROL, LLC

Current Principal Place of Business:

Certificate of Status Desired: Yes

FILED Mar 30, 2021 Secretary of State 1726064602CC

> 03/30/2021 Date

03/30/2021 Date