Current i in	ncipal Place of Business:		502001	
27066 HARBOI	JR OAKS BLVD.			
PUNTA GORD	A, FL 33983			
Current Mai	ling Address:			
27066 HARE	BOUR OAKS BLVD.			
PUNTA GO	RDA, FL 33983 US			
FEI Number	: 83-0502444		Certificate of Status Des	ired: No
Name and Address of Current Registered Agent:				
	N SERVICE COMPANY			
1201 HAYS STREET TALLAHASSEE, FL 32301 US				
TALLAHASSEE	, FL 32301 US			
	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the State of Flo	orida.
The above name		•	U	orida. 03/27/2020
The above name	I entity submits this statement for the purpose of changing its reg	•	U	
The above name SIGNATURE	d entity submits this statement for the purpose of changing its reg LISA RICHARD, ASST. SECRETARY FOR	•	U	03/27/2020
The above name SIGNATURE	 d entity submits this statement for the purpose of changing its reg. LISA RICHARD, ASST. SECRETARY FOR Electronic Signature of Registered Agent 	•	U	03/27/2020
The above name SIGNATURE Authorized	 d entity submits this statement for the purpose of changing its reg. LISA RICHARD, ASST. SECRETARY FOR Electronic Signature of Registered Agent Person(s) Detail : 	CORPORATI	ON SERVICE COMPANY	03/27/2020
The above name SIGNATURE Authorized Title	 d entity submits this statement for the purpose of changing its reg. LISA RICHARD, ASST. SECRETARY FOR Electronic Signature of Registered Agent Person(s) Detail : PRESIDENT 	CORPORATI	ON SERVICE COMPANY	03/27/2020
The above named SIGNATURE Authorized Title Name Address	 d entity submits this statement for the purpose of changing its reg. LISA RICHARD, ASST. SECRETARY FOR Electronic Signature of Registered Agent Person(s) Detail : PRESIDENT SHAKESPEARE, RON 	CORPORATI Title Name	VP SUTTON, SCOTT 23715 ESTERO COURT	03/27/2020

Title	CFO
Name	KAPLAN, BEN
Address	268 PEDDLERS ROAD

City-State-Zip: GUILFORD CT 06437

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: SCOTT SUTTON

AUTHORIZED PERSON

03/27/2020

Electronic Signature of Signing Authorized Person(s) Detail

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000175490

Entity Name: STRATEGIC PEST CONTROL OF SOUTHWEST FLORIDA, LLC

FILED Mar 27, 2020 **Secretary of State** 9620317344CC

Date