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: KURT ARENDAS	AMBR	02/09/2022		

Electronic Signature of Signing Authorized Person(s) Detail

SAIINT CLOUD. FL 34470

FEI Number: 47-1173209

Name and Address of Current Registered Agent:

HARLEY, PHYLLIS 18981 SUITE MOUN

SIGNATURE	: PHYLLIS HARLEY			02/09/2022	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	AMBR	Title	AMBR		
Name	ARENDAS, KURT	Name	ARENDAS, CHRISTINE E		
Address	PO BOX 702348	Address	PO BOX 702348		
City-State-Zip:	SAINT CLOUD FL 34770	City-State-Zip:	SAINT CLOUD FL 34770		

orized Pe	erson(s) Detail :	
	Electronic Signature of Registered Agent	Da
NATURE:	PHYLLIS HARLEY	02/09
oove named ei	ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the	e State of Florida.
NT DORA, F	L 32757 US	
US HIGHW E 345	AY 441	

KISSIMMEE, FL 34744

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000090325

Entity Name: AFFORDABLE AQUATIC WEED CONTROL, LLC

Current Principal Place of Business:

930 EAST LAKESHORE BLVD

Current Mailing Address:

PO BOX 702348

Certificate of Status Desired: No

Date

FILED Feb 09, 2022 Secretary of State 7144036854CC