

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000082459

Entity Name: SIRVICE LLC**Current Principal Place of Business:**12180 SOUTH SHORE BLVD.
SUITE 101A
WELLINGTON, FL 33414**Current Mailing Address:**12180 SOUTH SHORE BLVD.
SUITE 101A
WELLINGTON, FL 33414 US**FEI Number:** 82-4150479**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEDGE ASSOCIATES LLC
12180 SOUTH SHORE BLVD.
SUITE 101A
WELLINGTON, FL 33414 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:** WILLIAM J. WEDGE, ESQ.

02/27/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM
Name	WEDGE, PETER D
Address	12180 SOUTH SHORE BLVD., SUITE 101A
City-State-Zip:	WELLINGTON FL 33414

Title	MGRM
Name	WEDGE, SAMUEL A
Address	12180 SOUTH SHORE BLVD., SUITE 101A
City-State-Zip:	WELLINGTON FL 33414

Title	MGR
Name	WEDGE, WILLIAM J ESQ.
Address	12180 SOUTH SHORE BLVD., SUITE 101A
City-State-Zip:	WELLINGTON FL 33414

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: WILLIAM J. WEDGE, ESQ.

MANAGER

02/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date