

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000222943

**Entity Name:** SCOTT'S PLUMBING OF SWFL, LLC**Current Principal Place of Business:**16145 OLD US 41  
FORT MYERS, FL 33912**Current Mailing Address:**16145 OLD US 41  
FORT MYERS, FL 33912 US**FEI Number:** 82-3222461**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CAL RAYMOND LLC  
16145 OLD US 41  
FORT MYERS, FL 33912 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

Title	AMBR
Name	CAL RAYMOND LLC
Address	16145 OLD US 41
City-State-Zip:	FORT MYERS FL 33912

Title	AMBR
Name	PEARTS, LLC
Address	16145 OLD US 41
City-State-Zip:	FORT MYERS FL 33912

Title	MANAGER
Name	DOBBS, JOHN R
Address	16145 OLD US 41
City-State-Zip:	FORT MYERS FL 33912

Title	MANAGER
Name	PEARCE, SCOTT R
Address	16145 OLD US 41
City-State-Zip:	FORT MYERS FL 33912

Title	AUTHORIZED MEMBER
Name	PEARCE, CHRISTOPHER
Address	16145 OLD US 41
City-State-Zip:	FORT MYERS FL 33912

*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:** JOHN R DOBBS**MANAGER****01/06/2020**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date