

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000217113

**Entity Name:** ENTOMOPHATRONICS, LLC

**Current Principal Place of Business:**

635 A RD  
LABELLE, FL 33935

**Current Mailing Address:**

340 S LEMON AVE #6592  
WALNUT, CA 91789 US

**FEI Number: 83-1926093**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

VCORP SERVICES, LLC  
5011 SOUTH STATE ROAD 7, SUITE 106  
DAVIE, FL 33314 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 MGR  
Name CHIASSON, TRINA  
Address 340 S LEMON AVE  
NUM 6592  
City-State-Zip: WALNUT CA 91789

*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: TRINA CHIASSON**

**OWNER**

**01/15/2020**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date