

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000256870

Entity Name: COMPLETE PEST MANAGEMENT, LLC**Current Principal Place of Business:**7224 SANDSCOVE CT STE 1
WINTER PARK, FL 32792**Current Mailing Address:**PO BOX 1267
GOLDENROD, FL 32733 US**FEI Number:** 83-2448079**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAPONI, ELSO R JR
7224 SANDSCOVE CT STE 1
WINTER PARK, FL 32792 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	SEC
Name	TAYLOR, WILLIAM KEITH
Address	7224 SANDSCOVE CT STE 1
City-State-Zip:	WINTER PARK FL 32792

Title	VP
Name	CAPONI, PAMELA M
Address	7224 SANDSCOVE CT STE 1
City-State-Zip:	WINTER PARK FL 32792

Title	MGR,P
Name	CAPONI, ELSO R JR.
Address	7224 SANDSCOVE CT STE 1
City-State-Zip:	WINTER PARK FL 32792

Title	T
Name	ZDRODOWSKI, DAVID P
Address	7224 SANDSCOVE CT STE 1
City-State-Zip:	WINTER PARK FL 32792

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: TAYLOR , WILLIAM KEITH

SEC

01/17/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date