

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000256870

**Entity Name:** COMPLETE PEST MANAGEMENT, LLC**Current Principal Place of Business:**2462 W SR 426  
STE 1030  
OVEIDO, FL 32765**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  
2462 W SR 426  
STE 1030  
OVEIDO, FL 32765 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         | 2462 W SR 426<br>STE 1030 |
| City-State-Zip: | OVEIDO FL 32765           |
| Title           | VP                        |
| Name            | CAPONI, PAMELA M          |
| Address         | 2462 W SR 426<br>STE 1030 |
| City-State-Zip: | OVEIDO FL 32765           |

|                 |                           |
|-----------------|---------------------------|
| Title           | MGR, P                    |
| Name            | CAPONI, ELSO R JR.        |
| Address         | 2462 W SR 426<br>STE 1030 |
| City-State-Zip: | OVEIDO FL 32765           |
| Title           | T                         |
| Name            | ZDRODOWSKI, DAVID P       |
| Address         | 2462 W SR 426<br>STE 1030 |
| City-State-Zip: | OVEIDO FL 32765           |

*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:** ELSO CAPONI**PRESIDENT****03/02/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date