

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000008401

**Entity Name:** PRO SERVICE PEST SOLUTIONS LLC

**Current Principal Place of Business:**

836 RIVER COVE AVENUE  
ORLANDO, FL 32825

**Current Mailing Address:**

836 RIVER COVE AVENUE  
ORLANDO, FL 32825 US

**FEI Number:** 83-3198650

**Certificate of Status Desired:** No

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

PENALOZA, JEAN C  
10126 RICHARDSON COURT  
ORLANDO, FL 32825 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	AR	Title	MANAGER
Name	LOPEZ, LUIS	Name	COLON, MITCHELL WALESKA
Address	836 RIVER COVE AVENUE	Address	10126 RICHARDSON CT,
City-State-Zip:	ORLANDO FL 32825	City-State-Zip:	ORLANDO FL 32825

*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:** LUIS LOPEZ

**OWNER**

**03/26/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date