

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000125664

**Entity Name:** 2 SON'S INSULATION LLC

**Current Principal Place of Business:**

1680 SE SALERNO RD  
STUART, FL 34997

**Current Mailing Address:**

1680 SE SALERNO RD  
STUART, FL 34997

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WILLIAMS, KEN W 3  
1680 SE SALERNO RD  
STUART, FL 34997 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	Title	AMBR
Name	WILLIAMS, KEN W 3	Name	WILLIAMS, NICOLE B
Address	1680 SE SALERNO RD	Address	1680 SE SALERNO RD
City-State-Zip:	STUART FL 34997	City-State-Zip:	STUART FL 34997

*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:** KEN WILLIAMS

MGR

01/29/2021

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

\_\_\_\_\_ Date