#### 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: TORBEN NIELSEN

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

03/04/2023

Certificate of Status Desired: No

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	ALEXANDRA SASSO	-		03/04/2023
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	NIELSEN, TORBEN	Name	SASSO, ALEXANDRA	
Address	202 17TH ST NW	Address	1 CAMMACK DRIVE	
City-State-Zip:	RUSKIN FL 33570	City-State-Zip:	MAITLAND FL 32751	
Title	MANAGER			
Name	KOSICH, CHRISTOPHER			
Address	516 MALCOLM CHANDLER LANE APT 5-211			
City-State-Zip:	WEST PALM BEACH FL 33401			

# 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000194512

#### Entity Name: BLACKHAWK PEST MANAGEMENT, LLC

#### **Current Principal Place of Business:**

202 17TH ST NW RUSKIN, FL 33570

### **Current Mailing Address:**

465 S. ORLANDO AVE #405 MAITLAND, FL 32751 US

#### FEI Number: 84-2663096

## Name and Address of Current Registered Agent:

SASSO, ALEXANDRA **1 CAMMACK DRIVE** MAITLAND, FL 32751 US



Date