

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000145601

**Entity Name:** PRO SWIFT MOBILITY LLC

**Current Principal Place of Business:**

419 MCFEE DR  
DAVENPORT, FL 33897

**Current Mailing Address:**

419 MCFEE DR  
DAVENPORT, FL 33897 US

**FEI Number:** 85-1299379

**Certificate of Status Desired:** No

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

LEGALINC CORPORATE SERVICES INC.  
5237 SUMMERLIN COMMONS  
SUITE 400  
FORT MYERS, FL 33907 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	AMBR	Title	AMBR
Name	WILLIAMS, KENNETH	Name	CRISWELL, HARVEST
Address	419 MCFEE DR	Address	419 MCFEE DR
City-State-Zip:	DAVENPORT FL 33897	City-State-Zip:	DAVENPORT FL 33897

*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:** KENNETH WILLIAMS

**MEMBER**

**05/01/2021**

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

\_\_\_\_\_  
Date