

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000179332

Entity Name: SQUIRREL POOF LLC

Current Principal Place of Business:

14835 49TH ST N
CLEARWATER, FL 33762

Current Mailing Address:

PO BOX 47813
ST PETERSBURG, FL 33743 US

FEI Number: 86-3180757

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FACKIH, AMER N
14835 49TH ST N
CLEARWATER, FL 33762 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
Name FACKIH, AMER N
Address 14835 49TH ST N
City-State-Zip: CLEARWATER FL 33762

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: AMER N. FACKIH

MGR

04/26/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date