

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000200243

**Entity Name:** SOLVE PEST PROS JAX LLC

**Current Principal Place of Business:**

8936 WESTERN WAY  
SUITE 8  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

3000 N UNIVERSITY AVE  
STE 250  
PROVO, UT 84604 US

**FEI Number:** 86-2506819

**Certificate of Status Desired:** No

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

ANDERSON, ALEC M  
8936 WESTERN WAY  
SUITE 8  
JACKSONVILLE, FL 32256 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  
Name ANDERSON, ALEC M  
Address 449 S 1400 E  
City-State-Zip: HYRUM UT 84319

Title AMBR  
Name GREENE, JAYSON J  
Address 288 E 510 N  
City-State-Zip: VINEYARD UT 84059

*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:** ALEC ANDERSON

**MANAGING PARTNER**

**04/10/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date