

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000273217

Entity Name: FLORIDA NATIVE PEST SOLUTIONS, LLC

Current Principal Place of Business:

16307 64TH PL N
LOXAHATCHEE, FL 33470

Current Mailing Address:

16307 64TH PL N
LOXAHATCHEE, FL 33470

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EDISON, ERIK
16307 64TH PL N
LOXAHATCHEE, FL 33470 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 EDISON, ERIK
Address 16307 64TH PL N
City-State-Zip: LOXAHATCHEE FL 33470

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: ERIK EDISON

AMBR

04/18/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date