

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000054465

**Entity Name:** TEAM PRO PEST MANAGEMENT INC

**Current Principal Place of Business:**

16794 E EDINBURGH DR  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

16469 SOUTHERN BLVD  
LOXAHATCHEE, FL 33470

**FEI Number:** 82-1957651

**Certificate of Status Desired:** No

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

NUNEZ, FABRICIO  
16794 E EDINBURGH DR  
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

**Officer/Director Detail :**

Title P  
Name NUNEZ, FABRICIO  
Address 16794 E EDINBURGH DR  
City-State-Zip: LOXAHATCHEE FL 33470

Title VP  
Name NUNEZ, JORGE JR  
Address 16469 SOUTHERN BLVD  
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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FABRICIO NUNEZ

**PRESIDENT**

**04/15/2021**

Electronic Signature of Signing Officer/Director Detail

Date