

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023124

Entity Name: SWAT MOSQUITO SYSTEMS, LLC**Current Principal Place of Business:**380 TOWN PLAZA AVENUE
SUITE 420
PONTE VEDRA BEACH, FL 32081**Current Mailing Address:**380 TOWN PLAZA AVENUE
SUITE 420
PONTE VEDRA BEACH, FL 32081 US**FEI Number:** 20-4410052**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NORTHWEST REGISTERED AGENT LLC
7901 4TH ST. N
STE 300
ST. PETERSBURG, FL 33702 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:** TAYLOR NEWMAN

03/31/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title VP, SECRETARY
Name BROULLIRE, MATTHEW A
Address 1030 SECOND STREET SOUTH
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title TREASURER, CFO
Name OULAHAN, ROBERT
Address 380 TOWN PLAZA AVENUE
SUITE 420
City-State-Zip: PONTE VEDRA BEACH FL 32081

Title PRESIDENT, CEO
Name SCHMITT, MICHAEL
Address 380 TOWN PLAZA AVENUE
SUITE 420
City-State-Zip: PONTE VEDRA BEACH FL 32081

Title MANAGER
Name PARIS, BRENT L.
Address 1030 SECOND STREET SOUTH
City-State-Zip: JACKSONVILLE BEACH FL 32250

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: BRENT L. PARIS**MANAGER**

03/31/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date