**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 08, 2021**
**Secretary of State**
**7831296614CC**

DOCUMENT# L07000124047

**Entity Name:** SWATTER PEST SOLUTIONS LLC

**Current Principal Place of Business:**

4406 PLATT RD
PLANT CITY, FL 33565

**Current Mailing Address:**

PO BOX 3326
PLANT CITY, FL 33563 US

**FEI Number: 26-1567387**

**Certificate of Status Desired:** No

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

FAILE, JASON SR
4406 PLATT RD
PLANT CITY, FL 33565 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 | Title | MGR |
| Name | FAILE, JASON M | Name | FAILE, ANGELA B |
| Address | 4406 PLATT RD | Address | 4406 PLATT RD. |
| City-State-Zip: | PLANT CITY FL 33565 | City-State-Zip: | PLANT CITY FL 33565 |

*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: ANGELA FAILE MGR 02/08/2021

Electronic Signature of Signing Authorized Person(s) Detail — Date