

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000004043

Entity Name: PROGRESSIVE SERVICES, LLC**Current Principal Place of Business:**1064 WEST HIGHWAY 50
CLERMONT, FL 34712**Current Mailing Address:**PO BOX 121126
CLERMONT, FL 34712 US**FEI Number:** 26-1895943**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOWMAN, WILLIAM R. JR.
SHUFFIELD, LOWMAN & WILSON, PA
1000 LEGION PLACE, SUITE 1700
ORLANDO, FL 32801 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:** WILLIAM R. LOWMAN, JR.

03/10/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER, PRESIDENT
Name	LAWSON, WILLIAM E.
Address	PO BOX 121126
City-State-Zip:	CLERMONT FL 34712
Title	CFO, MANAGER, TREASURER
Name	SAPP, KIMBERLY L.
Address	PO BOX 121126
City-State-Zip:	CLERMONT FL 34712

Title	EXECUTIVE VICE PRESIDENT, MANAGER
Name	LAWSON, WILLIAM E. II
Address	PO BOX 121126
City-State-Zip:	CLERMONT FL 34712
Title	MANAGER, SECRETARY
Name	LAWSON, CHARLENE H.
Address	PO BOX 121126
City-State-Zip:	CLERMONT FL 34712

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: KIMBERLY L. SAPP

TREASURER

03/10/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date