

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000005209

Entity Name: TRAD'S PEST CONTROL, LLC**Current Principal Place of Business:**5131 BOWDEN ROAD
JACKSONVILLE, FL 32216**Current Mailing Address:**5131 BOWDEN ROAD
JACKSONVILLE, FL 32216 US**FEI Number:** 59-2287069**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TRAD, LOUIS JR.
5131 BOWDEN ROAD
JACKSONVILLE, FL 32216 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 |
| Name | TRAD, LOUIS JR. |
| Address | 5131 BOWDEN ROAD |
| City-State-Zip: | JACKSONVILLE FL 32216 |

| | |
|-----------------|-----------------------|
| Title | MGR |
| Name | TRAD, BETTY |
| Address | 5131 BOWDEN ROAD |
| City-State-Zip: | JACKSONVILLE FL 32216 |

| | |
|-----------------|-----------------------|
| Title | MANAGING MEMBER |
| Name | WARTAN, DENISE T |
| Address | 5131 BOWDEN ROAD |
| City-State-Zip: | JACKSONVILLE FL 32216 |

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: DENISE TRAD-WARTAN**SECRETARY/TREASURER** 01/25/2022_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date