

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000069652

Entity Name: ENVIRONMENTAL PEST SERVICE HOLDINGS, LLC**Current Principal Place of Business:**5670 W. CYPRESS STREET, SUITE B
TAMPA, FL 33607**Current Mailing Address:**5670 W. CYPRESS STREET, SUITE B
TAMPA, FL 33607 US**FEI Number:** 27-3055841**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARACORP INCORPORATED
155 OFFICE PLAZA DRIVE, 1ST FLOOR
TALLAHASSEE, FL 32301 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:** LETICIA BURLESON, ASSISTANT SECRETARY FOR PARACORP

03/26/2020

~~INCORPORATED~~

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name HOOTEN, KENNETH D
Address 5670 W. CYPRESS STREET, SUITE B
City-State-Zip: TAMPA FL 33607

Title MEMBER, MANAGER
Name SWARTZ, ROBERT
Address 5670 W. CYPRESS STREET, SUITE B
City-State-Zip: TAMPA FL 33607

Title CFO, MEMBER
Name BRADFORD, DAVID
Address 5670 W. CYPRESS STREET, SUITE B
City-State-Zip: TAMPA FL 33607

Title SVP, SALES & OPERATIONS,
AUTHORIZED MEMBER
Name ROLMAN, MICHAEL
Address 5670 W. CYPRESS STREET, SUITE B
City-State-Zip: TAMPA FL 33607

Title MEMBER, MANAGER
Name PICKHARDT, GEORGE D
Address 5670 W. CYPRESS STREET, SUITE B
City-State-Zip: TAMPA FL 33607

Title MEMBER, MANAGER
Name FELKER, PAUL J. JR.
Address 5670 W. CYPRESS STREET, SUITE B
City-State-Zip: TAMPA FL 33607

Title AUTHORIZED MEMBER, MANAGER,
CEO
Name LUCHT, SHAWN
Address 5670 W. CYPRESS STREET, SUITE B
City-State-Zip: TAMPA FL 33607

Title AUTHORIZED MEMBER
Name CONCENTRIC EQUITY PARTNERS,
L.P.
Address 5670 W. CYPRESS STREET, SUITE B
City-State-Zip: TAMPA FL 33607

Continues on page 2

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: DAVID BRADFORD

CFO

03/26/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	MEMBER, MANAGER
Name	LUCAS, ADAM
Address	5670 W. CYPRESS STREET, SUITE B SUITE B
City-State-Zip:	TAMPA FL 33607