

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000139230

Entity Name: CWAT SERVICES LLC**Current Principal Place of Business:**773 JUNE PARKWAY
NORTH FORT MYERS, FL 33903**Current Mailing Address:**773 JUNE PARKWAY
NORTH FORT MYERS, FL 33903**FEI Number:** 46-1190777**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EATON, TERRY L
773 JUNE PARKWAY
NORTH FORT MYERS, FL 33903 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 | MGRM | Title | AUTHORIZED MEMBER |
| Name | EATON, TERRY | Name | EATON, AMANDA S |
| Address | 773 JUNE PARKWAY | Address | 773 JUNE PKWY |
| City-State-Zip: | NORTH FORT MYERS FL 33903 | City-State-Zip: | NORTH FORT MYERS FL 33903 |
| | | | |
| Title | AUTHORIZED MEMBER | | |
| Name | CANSLER, SPENCER R | | |
| Address | 773 JUNE PARKWAY | | |
| City-State-Zip: | NORTH FORT MYERS FL 33903 | | |

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: TERRY L EATON

RA

04/24/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date