

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000014186

**Entity Name:** PROGRESSIVE STERILIZATION SOLUTIONS, LLC

**Current Principal Place of Business:**

5419 DELETTE AVE S  
GULFPORT, FL 33707

**Current Mailing Address:**

PO BOX 530311  
ST PETERSBURG, FL 33747 US

**FEI Number:** 46-4897200

**Certificate of Status Desired:** No

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

MAUZERALL, MICHELE  
5419 DELETTE AVE S  
GULFPORT, FL 33707 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:** MICHELE MAUZERALL

01/29/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MAUZERALL, MICHELE E  
Address PO BOX 530311  
City-State-Zip: ST PETERSBURG FL 33747

Title AMBR  
Name KEENAN, MARYELLEN  
Address 5419 DELETTE AVE S  
City-State-Zip: GULFPORT FL 33707

*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:** MICHELE MAUZERALL

CEO

01/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date