

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000167909

**FILED**  
**Apr 05, 2023**  
**Secretary of State**  
**7394206687CC**

**Entity Name:** SERV IT LLC

**Current Principal Place of Business:**

SERV HOUSE, 36 HORNSBY SQUARE  
SOUTHFIELDS BUSINESS PARK  
LAINDON, ESSEX SS15 6SD

**Current Mailing Address:**

SERV HOUSE, 36 HORNSBY SQUARE  
SOUTHFIELDS BUSINESS PARK  
LAINDON, ESSEX SS15 6SD GB

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

HOWELL, SIMON B  
8701 W IRLON BRONSON MEMORIAL HWY  
SUITE 100  
KISSIMMEE, FL 34747 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:** SIMON B HOWELL

04/05/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name HOWARD, JAMIE  
Address SERV HOUSE, 36 HORNSBY SQUARE  
SOUTHFIELDS BUSINESS PARK  
City-State-Zip: LAINDON ESSEX SS15 6SD

Title MGR  
Name HOWARD, SARAH E  
Address SERV HOUSE, 36 HORNSBY SQUARE  
SOUTHFIELDS BUSINESS PARK  
City-State-Zip: LAINDON ESSEX SS15 6SD

Title MGR  
Name RAIFE, LEE R  
Address SERV HOUSE, 36 HORNSBY SQUARE  
SOUTHFIELDS BUSINESS PARK  
City-State-Zip: LAINDON ESSEX SS15 6SD

*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:** JAMIE HOWARD

MGR

04/05/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date