oath; that I am a managing member or manager of the limited liability company or the receiver or trus	tee empowered to execute this report as required to	by Chapter 605, Florida Statutes; and
that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: JESSE MYERS	OWNER	04/20/2021

GREEN SOLUTIONS ACCOUNTING FIRM, INC. 1404 N RONALD REAGAN BLVD

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: NATHAN GREEN

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title MANAGER Name MYERS. JESSE L Address 10200 DRAGONFLY RUN City-State-Zip: MIMS FL 32754

Name and Address of Current Registered Agent:

LONGWOOD, FL 32750 US

# 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

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 20, 2021 Secretary of State 6842827027CC

Certificate of Status Desired: Yes

04/20/2021 Date

Date

# 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L16000062880

Entity Name: MYERS WELL AND WATER TREATMENT SERVICES LLC

# **Current Principal Place of Business:**

10200 DRAGONFLY RUN MIMS. FL 32754

# **Current Mailing Address:**

10200 DRAGONFLY RUN MIMS. FL 32754 US

# FEI Number: 81-2363254

SUITEE 1120