

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000142449

Entity Name: KRIZEN PEST CONTROL LLC

Current Principal Place of Business:

901 BAYVIEW DR
NOKOMIS, FL 34275

Current Mailing Address:

PO BOX 307
NOKOMIS, FL 34274

FEI Number: 81-3165070

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KRIZEN, RYAN W
901 BAYVIEW DR
NOKOMIS, FL 34275 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 MGR
Name KRIZEN, RYAN W
Address 901 BAYVIEW DR
City-State-Zip: NOKOMIS FL 34275

Title MANAGER
Name KRIZEN, NICOLE P
Address 901 BAYVIEW DR
City-State-Zip: NOKOMIS FL 34275

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: NICOLE KRIZEN

MANAGER

05/02/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date