

**2023 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	Title	MANAGER
Name	KRIZEN, RYAN W	Name	KRIZEN, NICOLE P
Address	901 BAYVIEW DR	Address	901 BAYVIEW DR
City-State-Zip:	NOKOMIS FL 34275	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 PAMELA KRIZEN

**MANAGER**

**05/24/2023**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date