

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000053263

Entity Name: SPRAY IN PLACE SOLUTIONS, LLC

Current Principal Place of Business:

45-1 KNICKERBOCKER AVE.
BOHEMIA, NY 11716

Current Mailing Address:

45-1 KNICKERBOCKER AVE.
BOHEMIA, NY 11716 US

FEI Number: 82-0907270

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

EILERS LAW GROUP, P.A.
1000 5TH STREET
SUITE 200-P2
MIAMI BEACH, FL 33139 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: WILLIAM EILERS

02/20/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name BIZLANTIS, LLC
Address 5 THE DRAWBRIDGE
City-State-Zip: WOODBURY NY 11797

Title AUTHORIZED MEMBER
Name QUADALUPE INDUSTRIES, INC
Address 1000 FIFTH ST.
SUITE 200 - P2
City-State-Zip: MIAMI BEACH FL 33139

Title AUTHORIZED MEMBER
Name KC SIPS, LLC
Address 199 GEORGIAN LANE
City-State-Zip: WATER MILL NY 11976

Title AUTHORIZED MEMBER
Name ABCO MANAGEMENT LLC
Address 554 BOXWOOD DR.
City-State-Zip: SHIRLEY NY 11967

Title AUTHORIZED MEMBER
Name A&S SIPS LLC
Address 34 CARDINAL DR.
City-State-Zip: ROSLYN NY 11576

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: NIKKI SCOTT

CONTROLLER

02/20/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date