

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000222943

Entity Name: SCOTT'S PLUMBING OF SWFL, LLC**Current Principal Place of Business:**12960 COMMERCE LAKES DR
SUITE A13
FORT MYERS, FL 33913**Current Mailing Address:**12960 COMMERCE LAKES DR
SUITE A13
FORT MYERS, FL 33913 US**FEI Number:** 82-3222461**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOBBS, JOHN
12960 COMMERCE LAKES DR
SUITE A13
FORT MYERS, FL 33913 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:** JOHN R DOBBS

04/27/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name SCAR CAPITAL LLC
Address 12960 COMMERCE LAKES DR
SUITE A13
City-State-Zip: FORT MYERS FL 33913

Title MANAGER
Name DOBBS, JOHN R
Address 12960 COMMERCE LAKES DR
SUITE A13
City-State-Zip: FORT MYERS FL 33913

Title MANAGER
Name PEARCE, CHRISTOPHER
Address 12960 COMMERCE LAKES DR
SUITE A13
City-State-Zip: FORT MYERS FL 33913

Title AMBR
Name PEARTS, LLC
Address 12960 COMMERCE LAKES DR
SUITE A13
City-State-Zip: FORT MYERS FL 33913

Title MANAGER
Name PEARCE, SCOTT R
Address 12960 COMMERCE LAKES DR
SUITE A13
City-State-Zip: FORT MYERS FL 33913

Title MANAGER
Name BAUMAN, DENNY
Address 12960 COMMERCE LAKES DR
SUITE A13
City-State-Zip: FORT MYERS FL 33913

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: JOHN R DOBBS**AUTHORIZED MEMBER**

04/27/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date