

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000144617

Entity Name: TAYLOR'D PEST SERVICES LLC**Current Principal Place of Business:**4553 AVENUE C
SAINT AUGUSTINE, FL 32095**Current Mailing Address:**4553 AVENUE C
SAINT AUGUSTINE, FL 32095 US**FEI Number:** 83-0903926**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TAYLOR, ANNETTE
4553 AVENUE C
SAINT AUGUSTINE, FL 32095 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:** ANNETTE TAYLOR

02/24/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name TAYLOR, DONALD W
Address 4553 AVENUE C
City-State-Zip: SAINT AUGUSTINE FL 32095

Title AMBR
Name TAYLOR, ANNETTE M
Address 4553 AVENUE C
City-State-Zip: SAINT AUGUSTINE FL 32095

Title AMBR
Name TAYLOR, KEVIN L
Address 4553 AVENUE C
City-State-Zip: SAINT AUGUSTINE FL 32095

Title MGR
Name TAYLOR, DONALD W
Address 4553 AVENUE C
City-State-Zip: SAINT AUGUSTINE FL 32095

Title MGR
Name TAYLOR, ANNETTE M
Address 4553 AVENUE C
City-State-Zip: SAINT AUGUSTINE FL 32095

Title MANAGER
Name TAYLOR, KEVIN
Address 4553 AVENUE C
City-State-Zip: SAINT AUGUSTINE FL 32095

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: ANNETTE TAYLOR

OWNER

02/24/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date