

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000227306

**Entity Name:** LOCAL WATER TESTING LLC

**Current Principal Place of Business:**

8149 SILVER BIRCH WAY  
LEHIGH ACRES, FL 33971

**Current Mailing Address:**

8149 SILVER BIRCH WAY  
LEHIGH ACRES, FL 33971 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RAMOS, ANTHONY  
8149 SILVER BIRCH WAY  
LEHIGH ACRES, FL 33971 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            AMBR  
Name            RAMOS, ANTHONY  
Address        8149 SILVER BIRCH WAY  
City-State-Zip: LEHIGH ACRES FL 33971

Title            AMBR  
Name            LORENZO, PAUL  
Address        8149 SILVER BIRCH WAY  
City-State-Zip: LEHIGH ACRES FL 33971

*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:** ANTHONY RAMOS

AMBR

04/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date