

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000166288

**Entity Name:** REMOVAL SOLUTIONS LLC

**Current Principal Place of Business:**

2760 COLONIAL BLVD  
FORT MYERS, FL 33907

**Current Mailing Address:**

P.O. BOX 60275  
FORT MYERS, FL 33906 US

**FEI Number: 85-1599703**

**Certificate of Status Desired: No**

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

DALY, JAMES  
4918  
SILVER GATE LN APT 230  
FORT MYERS, FL 33907 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	AUTHORIZED MEMBER	Title	AMBR
Name	DALY, JAMES EDWARD	Name	DALY, JAMES
Address	P.O. BOX 60275	Address	P.O. BOX 60275
City-State-Zip:	FORT MYERS FL 33906	City-State-Zip:	FORT MYERS FL 33906

*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: JAMES DALY**

**OWNER**

**01/09/2023**

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

\_\_\_\_\_  
Date