## 2024 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

**FILED** Jan 08, 2024

**Secretary of State** 

0324335440CC

Authorized Person(s) Detail:

**AUTHORIZED MEMBER** Title

Title **AMBR** DALY, JAMES EDWARD Name

DALY, JAMES Name

Address P.O. BOX 60275 Address P.O. BOX 60275

City-State-Zip: FORT MYERS FL 33906 City-State-Zip: FORT MYERS FL 33906

Title

Name STALLINS, BRIANNA ROSE

Address P.O. BOX 60275

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: BRIANNA STALLINS

VΡ

01/08/2024