

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000402154

**Entity Name:** FL PUMP PROS LLC

**Current Principal Place of Business:**

4051 AILANTHUS CT  
TALLAHASSEE, FL 32305

**Current Mailing Address:**

4051 AILANTHUS CT  
TALLAHASSEE, FL 32305 US

**FEI Number:** 93-3116931

**Certificate of Status Desired:** Yes

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

MORRIS, ESHARN J  
4051 AILANTHUS CT  
TALLAHASSEE, FL 32305 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            MORRIS, ESHARN J  
Address        4051 AILANTHUS CT  
City-State-Zip: TALLAHASSEE FL 32305

*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:** ESHARN MORRIS

**OWNER**

**04/29/2025**

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

\_\_\_\_\_  
Date