

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000011300

**Entity Name:** MPW FACILITY & ENVIRONMENTAL MANAGEMENT, LLC**Current Principal Place of Business:**9711 LANCASTER RD  
HEBRON, OH 43025-9764**Current Mailing Address:**9711 LANCASTER RD  
HEBRON, OH 43025-9764**FEI Number:** 90-0639739**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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 DIRECTOR, VP  
Name BLACK, ADAM R  
Address 9711 LANCASTER RD  
City-State-Zip: HEBRON OH 43025-9764

Title SECRETARY  
Name JOPLING, CATHERINE A  
Address 9711 LANCASTER RD  
City-State-Zip: HEBRON OH 43025-9764

Title DIRECTOR, PRESIDENT  
Name BLACK, JARED L  
Address 9711 LANCASTER RD  
City-State-Zip: HEBRON OH 43025-9764

Title DIRECTOR, VP  
Name BLACK, KRISTEN N  
Address 9711 LANCASTER RD  
City-State-Zip: HEBRON OH 43025-9764

Title ASSISTANT SECRETARY  
Name PONZANI, MICHAEL S  
Address 9711 LANCASTER RD  
City-State-Zip: HEBRON OH 43025-9764

Title DIRECTOR  
Name BLACK, MONTE R  
Address 9711 LANCASTER RD  
City-State-Zip: HEBRON OH 43025-9764

Title TREASURER  
Name PEMBERTON, SARAH D  
Address 9711 LANCASTER RD  
City-State-Zip: HEBRON OH 43025-9764

*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: CATHERINE A. JOPLING****SECRETARY****04/21/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date