

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022097

FILED  
May 04, 2004  
Secretary of State

Entity Name: TURNER PEST CONTROL, LLC

**Current Principal Place of Business:**

2800 HAINES STREET  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

480 EDGEWOOD AVENUE S.  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

2800 HAINES STREET  
JACKSONVILLE, FL 32206

**New Mailing Address:**

480 EDGEWOOD AVENUE S.  
JACKSONVILLE, FL 32205

FEI Number: 11-3653140

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE STE. 300  
MIAMI, FL 331313209 US

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

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

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: HUNE, MICHAEL P  
Address: 3815 FERWICK ISLAND DR  
City-St-Zip: JACKSONVILLE, FL 32224

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HUME, MICHAEL P  
Address: 3815 FENWICK ISLAND DR  
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MICHAEL P. HUME

PRES

05/04/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date