

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022097

**FILED**  
**Apr 18, 2005**  
**Secretary of State**

**Entity Name:** TURNER PEST CONTROL, LLC

**Current Principal Place of Business:**

480 EDGEWOOD AVENUE S.  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

480 EDGEWOOD AVENUE S.  
JACKSONVILLE, FL 32205

**New Mailing Address:**

**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: HUME, MICHAEL P  
Address: 3815 FENWICK ISLAND DR  
City-St-Zip: JACKSONVILLE, FL 32224

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DEMONTE, JOHN  
Address: 480 S. EDGEWOOD AVENUE  
City-St-Zip: JACKSONVILLE, FL 32205

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: MARK J. SLATER

CFO

04/18/2005

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