

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022097

FILED
Jan 13, 2006
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/MANAGERS:

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: SLATER, MARK J
Address: 480 S. EDGEWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: SEC () Change (X) Addition
Name: HUGHES, SARA
Address: 480 S. EDGEWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP () Change (X) Addition
Name: CLIFTON, JOSH
Address: 480 S. EDGEWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP () Change (X) Addition
Name: STEINMETZ, PETER
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 Chapter 119, 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

PRES

01/13/2006

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