

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022097

FILED
Mar 19, 2010
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:

HUDSON, ASHTON
1200 RIVERPLACE BOULEVARD
SUITE 902
JACKSONVILLE, FL 32207 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: PRES
Name: SLATER, MARK J
Address: 480 S. EDGEWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP
Name: STEINMETZ, PETER
Address: 480 S. EDGEWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP
Name: SCHULLER, CHRISTIAN
Address: 480 S. EDGEWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: BOD
Name: FRANKLIN, BEN T
Address: 480 S. EDGEWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: BOD
Name: MILLER, SCOTT
Address: 480 S. EDGEWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: BOD
Name: HUDSON, ASHTON
Address: 480 S. EDGEWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

I hereby 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 SLATER

CEO

03/19/2010

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