


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS


09 MAY -1 PM 3:17

DOCUMENT # L07000119620 1. Entity Name FOUNTAIN PEST CONTROL, L.L.C.	
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Principal Place of Business 1108 IMPERIAL EAGLE STREET GROVELAND, FL 34736	Mailing Address 1108 IMPERIAL EAGLE STREET GROVELAND, FL 34736
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2. Principal Place of Business - No P.O. Box # 1323 Shelter ST. Suite, Apt. #, etc.	3. Mailing Address Same Suite, Apt. #, etc.
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City & State Leesburg, FL Zip 34748	City & State Same Zip LAKE
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02072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-1500514	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent FOUNTAIN, DAVID 1108 IMPERIAL EAGLE STREET GROVELAND, FL 34736	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FOUNTAIN, DAVID 1108 IMPERIAL EAGLE STREET GROVELAND, FL 34736 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FOUNTAIN, DARLENE 1108 IMPERIAL EAGLE STREET GROVELAND, FL 34736 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000154610720 05/01/09--01002--025 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: David Fountain 4-14-09 352-787-1357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE