

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000061038

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: WEBER PEST MANAGEMENT, L.L.C.

**Current Principal Place of Business:**

8006 LAKE LOWERY ROAD  
HAINES CITY, FL 33844

**New Principal Place of Business:**

5935 ST. RD. 542 WEST  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

8006 LAKE LOWERY ROAD  
HAINES CITY, FL 33844

**New Mailing Address:**

5935 ST. RD. 542 WEST  
WINTER HAVEN, FL 33880

FEI Number: 26-2859993

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEBER, KENNETH M  
8006 LAKE LOWERY ROAD  
HAINES CITY, FL 33844 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: WEBER, KENNETH  
Address: 8006 LAKE LOWERY ROAD  
City-St-Zip: HAINES CITY, FL 33844

Title: MGR ( ) Delete  
Name: WRIGHT, JAMES  
Address: 8006 LAKE LOWERY ROAD  
City-St-Zip: HAINES CITY, FL 33844

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: WRIGHT, JAMES  
Address: 8244 LAKE LOWERY ROAD  
City-St-Zip: HAINES CITY, FL 33844

I hereby certify that the information supplied with this filing does not qualify 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: JAMES WRIGHT

MGR

03/19/2009

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