2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# L07000047814

Entity Name: CRITTER & PEST DEFENSE LLC

Current Principal Place of Business:

6443 MT. PLYMOUTH RD.
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

6443 MT. PLYMOUTH RD.
APOPKA, FL 32712

New Mailing Address:

FEI Number: 65-0305249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAW, CARL G
6443 MT. PLYMOUTH RD.
APOPKA, FL 32712 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: MGRM ( ) Delete
Name: SHAW, CARL G
Address: 6443 MT. PLYMOUTH RD.
City-St-Zip: APOPKA, FL 32712

Title: MGRM ( ) Delete
Name: SHAW, STEPHANIE L
Address: 6443 MT. PLYMOUTH RD.
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES:

Title: OWNE (X) Change ( ) Addition
Name: SHAW, CARL G
Address: 6443 MT. PLYMOUTH RD.
City-St-Zip: APOPKA, FL 32712

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

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: CARL G. SHAW OWNE 03/24/2009

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