, 000			
FEI Number: 11-3653140		Certificate of Status Desired: No	
ddress of Current Registered Agent:			
OWS WAY, SUITE 12 F, FL 32256 US			
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.			
: PAUL DREWRY			01/30/2023
Electronic Signature of Registered Agent			Date
Person(s) Detail :			
AMBR	Title	AMBR	
LAMM, TIMOTHY	Name	MARTIN, ELSA	
8400 BAYMEADOWS WAY, SUITE 12	Address	8400 BAYMEADOWS WAY, SUIT	TE 12
JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256	
PRESIDENT			
MICHAELS, CHERI			
8400 BAYMEADOWS WAY, SUITE 12			
JACKSONVILLE FL 32256			
	ddress of Current Registered Agent: OWS WAY, SUITE 12 FL 32256 US entity submits this statement for the purpose of changing its regists i PAUL DREWRY Electronic Signature of Registered Agent Person(s) Detail : AMBR LAMM, TIMOTHY 8400 BAYMEADOWS WAY, SUITE 12 JACKSONVILLE FL 32256 PRESIDENT MICHAELS, CHERI 8400 BAYMEADOWS WAY, SUITE 12	ddress of Current Registered Agent: OWS WAY, SUITE 12 , FL 32256 US entity submits this statement for the purpose of changing its registered office or regis : PAUL DREWRY Electronic Signature of Registered Agent Person(s) Detail : AMBR Title LAMM, TIMOTHY Name 8400 BAYMEADOWS WAY, SUITE 12 Address JACKSONVILLE FL 32256 City-State-Zip: PRESIDENT MICHAELS, CHERI 8400 BAYMEADOWS WAY, SUITE 12 Hereine	ddress of Current Registered Agent: OWS WAY, SUITE 12 i, FL 32256 US entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flori : PAUL DREWRY Electronic Signature of Registered Agent Person(s) Detail : AMBR Title LAMM, TIMOTHY Name 8400 BAYMEADOWS WAY, SUITE 12 Address B400 BAYMEADOWS WAY, SUITE 12 Address PRESIDENT MICHAELS, CHERI 8400 BAYMEADOWS WAY, SUITE 12 Hordress

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELSA MARTIN

AMBR

01/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022097

Entity Name: TURNER PEST CONTROL, LLC

Current Principal Place of Business:

8400 BAYMEADOWS WAY, SUITE 12 JACKSONVILLE, FL 32256

Current Mailing Address:

8400 BAYMEADOWS WAY, SUITE 12 JACKSONVILLE, FL 32256 US

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FILED Jan 30, 2023 Secretary of State 2469450920CC

Date