

**2018 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

**FEI Number:** 11-3653140

**Certificate of Status Desired:** No

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

SLATER, MARK  
8400 BAYMEADOWS WAY, SUITE 12  
JACKSONVILLE, 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.*

**SIGNATURE:** MARK J SLATER

04/26/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	PRES	Title	COO
Name	SLATER, MARK J	Name	STEINMETZ, PETER
Address	8400 BAYMEADOWS WAY, SUITE 12	Address	8400 BAYMEADOWS WAY, SUITE 12
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256

*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:** MARK J. SLATER

**PRESIDENT**

04/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date