

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000022097

**FILED**  
**Feb 24, 2016**  
**Secretary of State**  
**CC7213298906**

**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:**

HUDSON, ASHTON  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

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

Title            BOD  
Name            HUDSON, ASHTON  
Address        8400 BAYMEADOWS WAY, SUITE 12  
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**

**CEO**

**02/24/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date