## 2017 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:

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

FILED Feb 22, 2017

**Secretary of State** 

CC8224216120

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

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

Electronic Signature of Signing Authorized Person(s) Detail

02/22/2017

Date