

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000022097

**FILED**  
**Jun 10, 2014**  
**Secretary of State**  
**CC6237941272**

**Entity Name:** TURNER PEST CONTROL, LLC

**Current Principal Place of Business:**

480 EDGEWOOD AVENUE S.  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

480 EDGEWOOD AVENUE S.  
JACKSONVILLE, FL 32205

**FEI Number:** 11-3653140

**Certificate of Status Desired:** No

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

HUDSON, ASHTON  
480 S. EDGEWOOD AVENUE  
JACKSONVILLE, FL 32205 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        480 S. EDGEWOOD AVENUE  
City-State-Zip: JACKSONVILLE FL 32205

Title            VP  
Name            STEINMETZ, PETER  
Address        480 S. EDGEWOOD AVENUE  
City-State-Zip: JACKSONVILLE FL 32205

Title            VP  
Name            SCHULLER, CHRISTIAN  
Address        480 S. EDGEWOOD AVENUE  
City-State-Zip: JACKSONVILLE FL 32205

Title            BOD  
Name            HUDSON, ASHTON  
Address        480 S. EDGEWOOD AVENUE  
City-State-Zip: JACKSONVILLE FL 32205

*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**

**06/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date