

**2024 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

**FEI Number: 11-3653140**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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	MANAGER	Title	AUTHORIZED MEMBER
Name	TALON, WILLIAM	Name	ANTICIMEX INC.
Address	8400 BAYMEADOWS WAY SUITE 12	Address	106 ALLEN ROAD SUITE 320
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	BASKING RIDGE NJ 07920

*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: WILLIAM TALON**

**MANAGER**

**04/16/2024**

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

\_\_\_\_\_  
Date