

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022097

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 FRANKLIN, BEN T
Address 480 S. EDGEWOOD AVENUE
City-State-Zip: JACKSONVILLE FL 32205

Title BOD
Name MILLER, SCOTT
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK J. SLATER

PRESIDENT

05/01/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date