

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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  
Name           TALON, WILLIAM  
Address       8400 BAYMEADOWS WAY  
                  SUITE 12  
City-State-Zip: JACKSONVILLE FL 32256

Title           AUTHORIZED MEMBER  
Name           ANTICIMEX INC.  
Address       106 ALLEN ROAD  
                  SUITE 320  
City-State-Zip: BASKING RIDGE NJ 07920

Title           PRESIDENT  
Name           MICHAELS, CHERI  
Address       8400 BAYMEADOWS WAY  
                  SUITE 12  
City-State-Zip: JACKSONVILLE FL 32256

Title           AUTHORIZED MEMBER  
Name           LAMM, TIMOTHY  
Address       8400 BAYMEADOWS WAY  
                  SUITE 12  
City-State-Zip: JACKSONVILLE FL 32256

Title           AUTHORIZED MEMBER  
Name           MARTIN, ELSA  
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: WILLIAM TALON**

**MANAGER**

**05/06/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date