

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000057862

**Entity Name:** DRAKE'S PRO PEST SOLUTIONS LLC

**Current Principal Place of Business:**

1440 19TH ST SW  
NAPLES, FL 34117

**Current Mailing Address:**

P.O. BOX 11611  
NAPLES, FL 34101

**FEI Number: 46-2646274**

**Certificate of Status Desired:** No

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

DRAKE, BRADLEY  
1440 19TH ST SW  
NAPLES, FL 34117 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            OWNER  
Name            DRAKE, BRADLEY P  
Address        1440 19TH ST SW  
City-State-Zip: NAPLES FL 34117

*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: BRADLEY DRAKE**

**OWNER**

**04/23/2015**

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

\_\_\_\_\_  
Date