

2016 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

02/17/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date