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: GEORGE S BECKHAM

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L14000152906 Entity Name: AFTER HOURS PEST MANAGEMENT LLC

Current Principal Place of Business:

9000 NW 30TH AVE OCALA, FL 34475

Current Mailing Address:

9000 NW 30TH AVE OCALA, FL 34475

FEI Number: 47-1974798

Name and Address of Current Registered Agent:

BECKHAM, GEORGE S 9000 NW 30TH AVE OCALA, FL 34475 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

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Authorized Person(s) Detail :

Title	MGR	Title	AP
Name	BECKHAM, GEORGE S	Name	BECKHAM, PAMELA K
Address	9000 NW 30TH AVE	Address	9000 NW 30TH AVE
City-State-Zip:	OCALA FL 34475	City-State-Zip:	OCALA FL 34475

MGR

Certificate of Status Desired: No

01/08/2015

FILED Jan 08, 2015 Secretary of State CC6007477123

Date

Date