

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001522

Entity Name: BIG CAT'S PEST CONTROL, LLC

FILED
Apr 02, 2006
Secretary of State

Current Principal Place of Business:

4454 ELI WHITNEY DRIVE
MIDDLEBURG, FL 32068 US

New Principal Place of Business:

Current Mailing Address:

4454 ELI WHITNEY DRIVE
MIDDLEBURG, FL 32068 US

New Mailing Address:

FEI Number: 59-3622839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSS, JOHN B
1530 BUSINESS CENTER DR., SUITE 4
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KRIZ, RANDY L OWNER
Address: 4454 ELI WHITNEY DRIVE
City-St-Zip: MIDDLEBURG, FL 32068

Title: MGRM () Delete
Name: FORDHAM, TODD
Address: 1600 NOTTINGHAM KNOLL DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM (X) Delete
Name: KELLER, PATRICK E
Address: 985 LAKE ASBURY DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: KRIZ, KAREN J OWNER
Address: 4454 ELI WHITNEY DRIVE
City-St-Zip: MIDDLEBURG, FL 32068

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: RANDY KRIZ

MGRM

04/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date