2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 16, 2006
Secretary of State

DOCUMENT# L01000002155

Entity Name: PROFESSIONAL PEST SOLUTIONS, LLC

Current Principal Place of Business:

12340 NW 18TH ST
PEMBROKE PINES, FL 33026

New Principal Place of Business:

20841 JOHNSON STREET
111
PEMBROKE PINES, FL 33029 US

Current Mailing Address:

P.O. BOX 260116
PEMBROKE PINES, FL 33026

New Mailing Address:

P.O. BOX 260116
PEMBROKE PINES, FL 33026 US

FEI Number: 65-1082017 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STARK, TIMOTHY
2018 NW 141 AVENUE
PEMBROKE PINES, FL 33028 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: MGR ( ) Delete
Name: STARK, TIMOTHY
Address: 2018 NW 141 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGRM ( ) Delete
Name: STARK, MARIA
Address: 2018 NW 141 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES:

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

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: TIMOTHY STARK MGR 06/16/2006

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