

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001818

FILED
Apr 09, 2008
Secretary of State

Entity Name: CONTROL PEST MANAGEMENT, LLC

Current Principal Place of Business:

370 MONROE ROAD
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

PO BOX 531012
DEBARY, FL 327531012

New Mailing Address:

FEI Number: 04-3588945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOHLER, GALE
51 GRACIE ROAD
DEBARY, FL 32713 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: KOHLER, STEPHEN G
Address: 51 GRACIE ROAD
City-St-Zip: DEBARY, FL 32713

Title: MGRM () Delete
Name: LEE, DOUGLAS C
Address: 166 BRIARWOOD DRIVE
City-St-Zip: DEBARY, FL 32713

Title: MGRM () Delete
Name: ANDERSON, DANIEL J
Address: 10121 CLAIEMEL COURT
City-St-Zip: ORLANDO, FL 32817

Title: MGRM () Delete
Name: KOHLER, GALE M
Address: 51 GRACIE ROAD
City-St-Zip: DEBARY, FL 32713

Title: MGRM () Delete
Name: LEE, DARRELL
Address: 165 LAGO VISTA BLVD
City-St-Zip: CASSELBERRY, FL 32707 US

ADDITIONS/CHANGES:

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

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

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

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 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: GALE KOHLER

RA

04/09/2008

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