


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # L02000030353		
1. Entity Name WEST ORANGE PEST PROS, LLC		
Principal Place of Business 976 GLENVIEW CIRCLE WINTER GARDEN, FL 34787	Mailing Address 976 GLENVIEW CIRCLE WINTER GARDEN, FL 34787	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JENKINS, JAMES P II 976 GLENVIEW CIRCLE WINTER GARDEN, FL 34787		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JENKINS, JAMES P II 976 GLENVIEW CIRCLE WINTER GARDEN, FL 34787	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>James P. Jenkins</u> <u>James P. Jenkins</u> <u>1/6/06</u> <u>407-654-3506</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



01042006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
06-1658280

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required