2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0300007872

1. Entity Name GIBSON'S CUSTOM PEST CONTROL, LLC



FILED Apr 26, 2004 8:00 am Secretary of State

04-26-2004 90040 004 ****50.00

				100						
Principal Place of Business Mailing Address					7					
2452 S.E. GOWIN DRIVE		2452 S.E. GOWIN DRIVE								
PORT ST. LUCIE, FL 34952		PORT ST. LUCIE, FL 34952					24053	プロサ		
					i iggenh an	ACTOR ATTI CRIM ROTTI CRIA			ENI ILI ISKI	
2. Principal Place of Business 3. Mailing Address										
z. 1 micipal Flace of Dosiness		5. Walling Address			1 1001104 94	ORIGIE WALLESTER OF A CONTRACTOR	1844 BB41 (016)	LH1 (\$811 111		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-					
					04202004 Chg-LLC CR2E083 (10/03)					
City & State		City & State			4. FEI Numbe	er		Ap	ptied For	
					86-16	51606	,	No	t Applicable	
Zip	Zip Country Zip		Country		5. Certificate	of Status Desired		.00 Add Required		
6. Name and Address of Current Registered Agent					7. Name and	Address of New R	egistered Age	nt		
			1	Name		4	مده د تننيي		. ندامد.	
GIBSON, CHERRYL'A 2452 S.E. GOWIN DRIVE			}	Street Address (P.O. Box Number is Not Acceptable)						
	LUCIE, FL 34952			o (.c. cox rame		·,				
			-					-		
				City	y ⊏ ∎ Zip Code					
					FL					
8. The above	named entity submits this statement fi	or the purpose of changing its	registere	d office or regis	tered agent, or bot	h, in the State of Flo	rida. I am fam	iliar with,	and accept	
ine oplitar	ions of registered agent.	: hear					ula.	101		
SIGNATURE .	Signature, typed or printed name of registered agen	AUSCO (NOTE	- Donistered	Agent signature requi	ired when reinstating)		14/21	104		
	Ognacie i spec o primo regimo o registrato agor	(NOTE	negistered	Agent algulators redu	areo witor remedatig)		DAIL		28.5	
	iling Fee is \$50.00	Je .			,	. Mak	e check pays	shle to		
Due by May 1, 2004		• • •					Department			
						<u> </u>		•		
9.	MANAGING MEMB		10.			ADDITIONS/	CHANGES			
TITLE	MGRM	☐ Delete	TITLE	t t				Change	☐ Addition	
NAME STREET ADDRESS	GIBSON, MICHAEL F 2452 S.E. GOWIN DRIVE		NAME	T ADDRESS						
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952			ST-ZIP						
TITLE	MGRM	☐ Delete		+				1 0>	D Addison	
NAME.	GIBSON, CHERRYL	☐) Delete	TITLE NAME				L	Change	☐ Addition	
STREET ADDRESS	2452 S.E. GOWIN DRIVE			T ADDRESS						
CATY-ST-ZIP	PORT ST. LUCIE, FL 34952		спу-	ST-ZIP						
TITLE		☐ Delete	TITLE			-] Change	Addition	
NAME	ļ		NAME				_	-	_	
STREET ADDRESS	722	-v		T ADDRESS	-		-		<u>.</u>	
CITY-ST-ZIP		-	CITY-	ST-ZIP		•	-			

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

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9-71-04 772-398-0067

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