2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# L03000007872

Entity Name: GIBSON'S CUSTOM PEST CONTROL, LLC

Current Principal Place of Business:

2452 S.E. GOWIN DRIVE
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

2452 S.E. GOWIN DRIVE
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 86-1051606 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GIBSON, CHERRYL A
2452 S.E. GOWIN DRIVE
PORT ST. LUCIE, FL 34952 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: GIBSON, MICHAEL F
Address: 2452 S.E. GOWIN DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MGRM ( ) Delete
Name: GIBSON, CHERRYL
Address: 2452 S.E. GOWIN DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: GIBSON, CHERRYL A
Address: 2452 S.E. GOWIN DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34952

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: CHERRYL A. GIBSON MGRM 03/23/2009

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