

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021816

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: FUMIGATION DEPARTMENT, LLC

**Current Principal Place of Business:**

7374 CENTRAL INDUSTRIAL DR  
RIVIERA BEACH, FL 33404 US

**New Principal Place of Business:**

**Current Mailing Address:**

7374 CENTRAL INDUSTRIAL DR  
RIVIERA BEACH, FL 33404 US

**New Mailing Address:**

FEI Number: 32-0080544

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPRAGUE, DAVID N  
14537 82ND LANE N  
LOXAHATCHEE, FL 33470 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: SPRAGUE, DAVID N  
Address: 14537 82ND LANE N  
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: MGRM ( ) Delete  
Name: MITCHELL, WILLIAM S  
Address: 4055 DORADO RD  
City-St-Zip: RIVIERA, FL 33418

Title: MGRM ( ) Delete  
Name: DANIEL, GREGG D  
Address: 335 PURITAN RD  
City-St-Zip: WEST PALM BEACH, FL 33405

**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:

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: DAVID SPRAGUE

P

04/26/2007

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