2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L03000037831

Entity Name: BUGS-B-GONE PEST CONTROL, LLC

Current Principal Place of Business:

1350 TENNESEE AVE
G
SAINT CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

1350 TENNESEE AVE
G
SAINT CLOUD, FL 34769

New Mailing Address:

FEI Number: 52-2402828 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOUST, KATHLEEN M
17 S. ORLANDO AVE.
KISSIMMEE, FL 34741 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: MGR ( ) Delete
Name: SEMPLE, ROBERT J
Address: 4128 BALD EAGLE DRIVE
City-St-Zip: KISSIMMEE, FL 34746 US

Title: MGR ( ) Delete
Name: SEMPLE, DENISE M
Address: 4128 BALD EAGLE DRIVE
City-St-Zip: KISSIMMEE, FL 34746 US

ADDITIONS/CHANGES:

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: ROBERT J. SEMPLE PRES 04/15/2009

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