

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045609

FILED  
Apr 03, 2008  
Secretary of State

**Entity Name:** MIDFLORIDA TERMITE & PEST CONTROL LLC

**Current Principal Place of Business:**

1409 HARNESS HORSE  
APT 201  
BRANDON, FL 33511

**New Principal Place of Business:**

10222 DOUGLAS OAK CIRCLE  
UNIT 302  
TAMPA, FL 33610

**Current Mailing Address:**

1409 HARNESS HORSE  
APT 201  
BRANDON, FL 33511

**New Mailing Address:**

10222 DOUGLAS OAK CIRCLE  
UNIT 302  
TAMPA, FL 33610

**FEI Number:** 58-2677138

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HESTER, MICHAEL R  
1409 HARNESS HORSE LANE  
BRANDON, FL 33567 US

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

HESTER, MICHAEL R  
10222 DOUGLAS OAK CIRCLE  
TAMPA, FL 33610 US

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: MICHAEL R HESTER

04/03/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HESTER, MICHAEL R  
Address: 1409 HARNESS HORSE LANE APT 201  
City-St-Zip: BRANDON, FL 33511 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HESTER, MICHAEL R  
Address: 10222 DOUGLAS OAK CIRCLE UNIT 302  
City-St-Zip: TAMPA, FL 33610 US

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: MICHAEL R HESTER

MGR

04/03/2008

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