

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007998

FILED
Feb 15, 2006
Secretary of State

Entity Name: PROFESSIONAL PEST SOLUTIONS LLC

Current Principal Place of Business:

12340 NW 18 ST
PEMBROKE PINES, FL 33026

New Principal Place of Business:

20841 JOHNSON ST #111
PEMBROKE PINES, FL 33029

Current Mailing Address:

PO BOX 260116
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 65-1082017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STARK, TIMOTHY
2018 NW 141 AVE
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

STARK, TIMOTHY B OWNER
2018 NW 141 AVE
PEMBROKE PINES, FL 33028 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: TIM STARK

02/15/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STARK, TIMOTHY
Address: 2018 NW 18 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGRM () Delete
Name: STARK, MARIA
Address: 2018 NW 18 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

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 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: TIM STARK

MAN

02/15/2006

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