

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # L04000016476

1. Entity Name

OWENS PEST & TERMITE CONTROL, LLC



Principal Place of Business

4608 FLORENCE STREET
APOPKA, FL 32712

Mailing Address

4608 FLORENCE STREET
APOPKA, FL 32712



02202007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number

59-3619187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

OWENS, SCOTTY W JR
4608 FLORENCE STREET
APOPKA, FL 32712

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Scotty W Owens
Signature, typed or printed name of registered agent and title if applicable

N/A
(NOTE: Registered Agent signature required when reinstating)

4/25/07
DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	OWENS, SCOTTY W JR
STREET ADDRESS	4608 FLORENCE STREET
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Scotty W Owens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

4/25/07
Date

Daytime Phone #