2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 15, 2008 08:00 AN Secretary of State **DOCUMENT # L04000024116** ACMÉ PEST CONTROL, LLC Principal Place of Business Mailing Address **85 MARION DRIVE 85 MARION DRIVE DEFUNIAK SPRINGS, FL 32433** DEFUNIAK SPRINGS, FL 32433 04122008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DESHAZO, LARRY J DO NOT WRITE **85 MARION DRIVE DEFUNIAK SPRINGS, FL 32433** IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE 18 \$138.75 After May 1, 2008 Fee will be \$538.75 U000000898595 04/28/08-80003-006 138.75 9. MANAGING MEMBERS/MANAGERS TITLE MGR NAME DESHAZO, LARRY J 85 MARION DRIVE STREET ADDRESS CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 eath; 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.

TITLE NAME STREET ADORESS