

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030323

FILED
Mar 31, 2009
Secretary of State

Entity Name: CLIFF GOBLE PEST CONTROL, LLC

Current Principal Place of Business:

507 MAYFLOWER COURT
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1007
SHALIMAR, FL 32579 US

New Mailing Address:

FEI Number: 65-1223103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOBLE, ANGELYNN R
507 MAYFLOWER COURT
FORT WALTON BEACH, FL 32547 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: GOBLE, CLIFFORD P
Address: P. O. BOX 1007
City-St-Zip: SHALIMAR, FL 32579 US

ADDITIONS/CHANGES:

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: CLIFFORD GOBLE

MGR

03/31/2009

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