

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030431

**FILED**  
**Jan 17, 2005**  
**Secretary of State**

**Entity Name:** ULTIMATE PEST & TERMITE CONTROL, LLC

**Current Principal Place of Business:**

1301 SEMINOLE BLVD., SUITE 168  
LROAGO, FL 33779

**New Principal Place of Business:**

1301 SEMINOLE BLVD., SUITE 168  
LARGO, FL 33770

**Current Mailing Address:**

POB 801  
LARGO, FL 33779

**New Mailing Address:**

**FEI Number:** 20-1115371      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST.  
STE. 1  
TALLAHASSEE, FL 323011283 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/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: SILVERSON, S  
Address: P.O. BOX 801  
City-St-Zip: LARGO, FL 33779

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: S.SILVERSON

MM

01/17/2005

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