

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048296

FILED
Jun 16, 2009
Secretary of State

Entity Name: LANGFORD PEST CONTROL, LLC

Current Principal Place of Business:

3664 TORRE GRANDE DRIVE
JACKSONVILLE, FL 32257

New Principal Place of Business:

19265 N.E. 148TH TERRACE ROAD
FT. MCCOY, FL 32134

Current Mailing Address:

3664 TORRE GRANDE DRIVE
JACKSONVILLE, FL 32257 US

New Mailing Address:

19265 N.E. 148TH TERRACE ROAD
FT. MCCOY, FL 32134

FEI Number: 20-1295867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LANGFORD, CHARLES L
3664 TORRE GRANDE DRIVE
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

LANGFORD, CHARLES L
19265 N.E. 148TH TERRACE ROAD
FT. MCCOY, FL 32134 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: _____

06/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LANGFORD, PATRICIA M
Address: 3664 TORRE GRANDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32257 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LANGFORD, PATRICIA M
Address: 19265 N.E. 148TH TERRACE ROAD
City-St-Zip: FT. MCCOY, FL 32134 US

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: PATRICIA M. LANGFORD

MANA

06/16/2009

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