


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jul 31, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # L04000058014</b> 1. Entity Name <b>ALTERNATIVE PEST CONTROL, L.L.C.</b>	
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Principal Place of Business <b>6843 LARCHMONT AVENUE NEW PORT RICHEY, FL 34653</b>	Mailing Address <b>6843 LARCHMONT AVENUE NEW PORT RICHEY, FL 34653</b>
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06132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>54-2158556</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  <b>LAWLEY, MAUREEN K 6843 LARCHMONT AVENUE NEW PORT RICHEY, FL 34653</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAWLEY, MAUREEN K 6843 LARCHMONT AVENUE NEW PORT RICHEY, FL 34653
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07/31/07-80002-018 50.00

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:**  **7/25/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #