

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068101

FILED  
Feb 15, 2008  
Secretary of State

Entity Name: D.O.A. PEST SERVICES, LLC

**Current Principal Place of Business:**

5313 SEAGRAPE DR  
PORT ST. LUCIE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

5313 SEAGRAPE DR  
PORT ST. LUCIE, FL 34982

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

RYAN, ERIC  
5313 SEAGRAPE DR  
PORT ST. LUCIE, FL 34982 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: RYAN, ERIC  
Address: 5313 SEAGRAPE DR  
City-St-Zip: PORT ST. LUCIE, FL 34982

Title: MGR ( ) Delete  
Name: RYAN, ANDREA  
Address: 5313 SEAGRAPE DR  
City-St-Zip: PORT ST. LUCIE, FL 34982

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ANDREA RYAN

MGR

02/15/2008

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