

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068101

FILED
Jun 16, 2009
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:

5313 SEAGRAPE DR
FORT PIERCE, FL 34982

Current Mailing Address:

5313 SEAGRAPE DR
PORT ST. LUCIE, FL 34982

New Mailing Address:

5313 SEAGRAPE DR
FORT PIERCE, FL 34982

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

RYAN, ERIC
5313 SEAGRAPE DR
PORT ST. LUCIE, FL 34982 US

Name and Address of New Registered Agent:

RYAN, ERIC
5313 SEAGRAPE DR
FORT PIERCE, FL 34982 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: ERIC RYAN

06/16/2009

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

06/16/2009

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