

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000071309

1. Entity Name
BUZZOFF MOSQUITO OF NORTH FLORIDA, LLC



Principal Place of Business

P. O. BOX 2269
SANTA ROSA BEACH, FL 32459

Mailing Address

P. O. BOX 2269
SANTA ROSA BEACH, FL 32459



04102007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1740415

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUNNELS, DAVAGE J III
4399 COMMONS DRIVE EAST
SUITE 300
DESTIN, FL 32541

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TOWNSEND, BYRON
STREET ADDRESS	78 SPOTTED DOLPHIN; P.O. BOX 2269
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459

TITLE	
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U00000703181
04/20/07-80126-022 50.00

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IN THIS SPACE**

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: Byron Townsend

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/10/07 (850) 699-4062

Date

Daytime Phone #