## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L05000014970

1. Entity Name



## **FILED** May 30, 2006 8:00 am Secretary of State

| SUNLAND PEST CONTROL, LLC  |   |   |  | 04-24-2006 90059 048 *****55.00             |                     |  |               |
|--|---|---|--|---|---------------------|--|---------------|
| Principal Place of Business<br>370 S. EAST 3RD AVE<br>SOUTH BAY, FL 33493  |   | Mailing Address<br>370 S. EAST 3RD AVE<br>SOUTH BAY, FL 33493 |  | 1 (63)(8)) (                                | 30003143            |  |               |
| 2. Principal Place of Business<br>370 S.E. 3rd Aue   |   | 3. Mailing Address<br>370 S.E. 3rd Ave                        |  |   |                     |  |               |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  | 05222006                                    | Chg-LLC             | CR2E083 (11/05)                            |               |
| South  |   | South Bay   | Florida  | 4. FEI Numb                                 | 1004722             | N  | ot Applicable |
| Zip<br>334 (   |   |   | Country  | <u> </u>                                    | e of Status Desired | □ \$5.00 Ad<br>Fee Require                 |               |
| 6. Name and Address of Current Registered Agent Name   |   |   |  | 7. Name and Address of New Registered Agent |                     |  |               |
| WILLIAMS, GRENALE<br>370 S. EAST 3RD AVE<br>SOUTH BAY, FL. 33493   |   |   | Street Address (P.O. Box Number is Not Acceptable) |   |                     |  |               |
|  |   |   | City   |   |                     | FL Zip Coo                                 | te            |
| 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 tile if applicable (NOTE Registered Agent signature required when reinstaling)  DATE  |   |   |  |   |                     |  |               |
| Filing Fee is \$50.00<br>Due by September 6, 2006  |   |   |  |   |                     | ce check payable to<br>a Department of Sta | te            |
| 9.   | MANAGING MEMBER   | RS/MANAGERS   | 10.  |   | ADDITIONS           | /CHANGES                                   |               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGR <b>M</b><br>WILLIAMS, GRENALE<br>370 S. EAST 3RD AVE<br>SOUTH BAY, FL 33493 | ☐ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP              |   |                     | ☐ Change                                   | Addition      |
| TITLE NAME STREET ADDRESS  | MGRM<br>HARVEY, ELVIS<br>370 S. EAST 3RD AVE                                    | <b>⊠</b> Oelete   | TITLE<br>NAME<br>STREET ADDRESS                    |   |                     | ☐ Change                                   | ☐ Addition    |
| CITY-ST-ZIP<br>TITLE   | SOUTH BAY, FL 33493<br>MGRM   | Delete  | CITY-ST-ZIP TITLE                                  |   |                     | ☐ Change                                   | ☐ Addition    |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | WILLIAMS, ANTHONY<br>370 S. EAST 3RD AVE<br>SOUTH BAY, FL 33493                 |   | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              |   |                     |  |               |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | MGR<br>Levon Williams<br>370 S.E. 3rd Ave<br>South Bay, Florida                 | □ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP              | ٠   |                     | ☐ Change                                   | ☐ Addition    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGR<br>Grenelle L. William<br>370 S.E. 3rd Ave<br>South Bay, Florid             | ns Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP              |   |                     | ☐ Change                                   | ☐ Addition    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | Tech<br>Grenisha Y Will<br>370 SP 3rd Ave                                       | Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP              |   |                     | ☐ Change                                   | ☐ Addition    |
| CITY-ST-ZIP South Bay, Florida 33N93 CITY-ST-ZIP  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 |   |   |  |   |                     |  |               |

561-983-3026 561-449-9105