

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90035 036 ***138.75

DOCUMENT # L05000071866

1. Entity Name

ABSOLUTE CRITTER REMOVAL LLC



Principal Place of Business

1517 S.E. CROWN STREET
PORT ST. LUCIE, FL 34983 US

Mailing Address

1517 S.E. CROWN STREET
PORT ST. LUCIE, FL 34983

DO NOT WRITE IN THIS SPACE



01292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-3218351

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CURRAN, HUGH M
1517 S.E. CROWN STREET
PORT ST. LUCIE, FL 34983

**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 restate.)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CURRAN, HUGH M
1517 S.E. CROWN STREET
PORT ST. LUCIE, FL 34983

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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: _____

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

Date

Daytime Phone #

4/12/08 772-398-2600