

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90082 035 ****50.00

DOCUMENT # L05000072588				
<p>1. Entity Name WHISK TERMITE & PEST CONTROL, L. L. C.</p>				
<p>Principal Place of Business 1227 HONEYTREE LANE EAST LAKELAND, FL 33801</p>		<p>Mailing Address P. O. BOX 2614 EATON PARK, FL 33840</p>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
<p>6. Name and Address of Current Registered Agent KEITH, WILLIAM C 1517 COMMERCIAL PARK DR. LAKELAND, FL 33801</p>		<p>7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code</p>		
<p>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.</p>				
<p>SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.</p>		<p>(NOTE: Registered Agent signature required when remitting) DATE _____</p>		
<p>Filing Fee is \$50.00 Due by May 1, 2006.</p>		<p>Make check payable to Florida Department of State</p>		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
Title Name Street Address City-ST-ZIP	MGRM FORSYTHE, EDDIE JR. 1227 HONEYTREE LANE EAST LAKELAND, FL 33801	<input type="checkbox"/> Delete	Title Name Street Address City-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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Title Name Street Address City-ST-ZIP		<input type="checkbox"/> Delete	Title Name Street Address City-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<p>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.</p>				
<p>SIGNATURE: </p>		<p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</p>		<p>4/27/06 863-669-0987</p>