

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L05000072588**

1. Entity Name  
WHISK TERMITE & PEST CONTROL, L. L. C.



**FILED  
May 02, 2008 8:00 am  
Secretary of State**

05-02-2008 90019 006 \*\*\*138.75

**60038195**



04262008 Chg-LLC CR2E083 (12/06)

Principal Place of Business  
1227 HONEYTREE LANE EAST  
LAKELAND, FL 33801

Mailing Address

P. O. BOX 2614  
EATON PARK, FL 33840

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
20-3198753

Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KEITH, WILLIAM C  
1517 COMMERCIAL PARK DR.  
LAKELAND, FL 33801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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 renewing)

DATE

Make check payable to  
Florida Department of State

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE: MGRM  
NAME: FORSYTHE, EDDIE JR.  
STREET ADDRESS: 1227 HONEYTREE LANE EAST  
CITY-ST-ZIP: LAKELAND, FL 33801

Delete

Change  Addition

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

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Change  Addition

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, manager, or authorized representative

4/30/08

863.449.0989

Date

Daytime Phone #