

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118731

FILED
Apr 27, 2007
Secretary of State

Entity Name: SUNRISE PEST SERVICES, LLC

Current Principal Place of Business:

1323 CONNECTICUT AVENUE
ST. CLOUD, FL 34769

New Principal Place of Business:

3725 FRIARS COVE LANE
ST. CLOUD, FL 34772

Current Mailing Address:

1323 CONNECTICUT AVENUE
ST. CLOUD, FL 34769

New Mailing Address:

3725 FRIARS COVE LANE
ST. CLOUD, FL 34772

FEI Number: 20-3969395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FOUST, KATHLEEN M
17 S. ORLANDO AVENUE
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EGGERS, CHARLES H
Address: 1323 CONNECTICUT AVENUE
City-St-Zip: ST. CLOUD, FL 34769

Title: MGR () Delete
Name: WILLIAMSON, TERRY
Address: 9228 PALMTREE DRIVE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EGGERS, CHARLES H
Address: 3725 FRIARS COVE LANE
City-St-Zip: ST. CLOUD, FL 34772

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES H EGGERS

MGRM

04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date