

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121817

**FILED**  
**Mar 26, 2006**  
**Secretary of State**

**Entity Name:** DUMARS PEST CONTROL LLC

**Current Principal Place of Business:**

5095 FAIRWAYS CIRCLE  
VERO BCH, FL 32967

**New Principal Place of Business:**

5095 FAIRWAYS CIRCLE  
207  
VERO BCH, FL 32967

**Current Mailing Address:**

P.O. BOX 2107  
VERO BCH, FL 32961

**New Mailing Address:**

FEI Number: 65-1265557

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUMARS, JAMES M  
5095 FAIRWAYS CIRCLE  
VERO BCH, FL 32967 US

**Name and Address of New Registered Agent:**

DUMARS, JAMES M  
5095 FAIRWAYS CIRCLE  
207  
VERO BCH, FL 32967 US

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: JAMES M. DUMARS

03/26/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DUMARS, JAMES M  
Address: 5095 FAIRWAYS CIRCLE  
City-St-Zip: VERO BCH, FL 32967

Title: MGRM ( ) Delete  
Name: DUMARS, DONNA  
Address: 5095 FAIRWAYS CIRCLE  
City-St-Zip: VERO BCH, FL 32967

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES M. DUMARS

MGR

03/26/2006

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