

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000044057

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** HOMESAFE PEST SERVICES LLC

**Current Principal Place of Business:**

124 STATE RD 13.  
FRUIT COVE, FL 32259 US

**New Principal Place of Business:**

432 CHERYL CT  
FRUIT COVE, FL 32259 US

**Current Mailing Address:**

11843 TOTREE LN  
JACKSONVILLE, FL 32223 US

**New Mailing Address:**

8709 SANCHEZ RD  
JACKSONVILLE, FL 32217 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

HARRIS, STEPHEN C  
11843 TOTREE LN  
JACKSONVILLE, FL 32223 US

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

HARRIS, STEPHEN C  
8709 SANCHEZ RD  
JACKSONVILLE, FL 32217 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/30/2011

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HARRIS, STEPHEN C  
Address: 8709 SANCHEZ RD  
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: MGRM  
Name: CHASON, RAY L  
Address: 10810 JAVA DR  
City-St-Zip: JACKSONVILLE, FL 32246 US

I hereby 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: STEPHEN C HARRIS

MGR

04/30/2011

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