

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000096526**

1. Entity Name  
**UNITED-PEST CONTROL, LLC**



Principal Place of Business

**8546 103RD STREET  
JACKSONVILLE, FL 32210**

Mailing Address

**8546 103RD STREET  
JACKSONVILLE, FL 32210**



04012008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**86-1174859**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HULING, ROY C SR.  
8546 103RD STREET  
JACKSONVILLE, FL 32210**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HULING, ROY C SR.
STREET ADDRESS	418 BRANSCOMB ROAD
CITY - ST - ZIP	GREEN COVE SPRINGS, FL 320439587
TITLE	VP
NAME	HULING, SARAH A
STREET ADDRESS	418 BRANSCOMB RD
CITY - ST - ZIP	GREEN COVE SPRINGS, FL 32048
TITLE	VP
NAME	HULING, ROY C JR
STREET ADDRESS	10472 OLD PLANK RD
CITY - ST - ZIP	JACKSONVILLE, FL 32220
TITLE	VP
NAME	HOWARD, TERESA A
STREET ADDRESS	143 ARTHUR MOORE DR
CITY - ST - ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/23/08-80044-003 138.75

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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:** *Roy C Huling*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*4/11/08*

Date

*904-772-8077*

Daytime Phone #