

# 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

000000891885  
04/23/08-80044-003 138.75

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

4/11/08 904-772-8077