

LD6000 105 302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

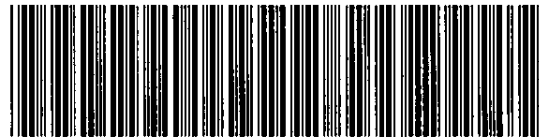
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE

NOV 9 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PEST CONTROL DIRECT.COM LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Eric Guy  
Name of Person

PEST CONTROL DIRECT.COM LLC  
Firm/Company

139 TWIN LAKES CIRCL  
Address

UMATILLA FLORIDA 32784  
City/State and Zip Code

bobguy@pestcontroldirect.co.uk  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Eric Guy at 352) 669 6153  
Name of Person Area Code & Daytime Telephone Number

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Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee  
☐ \$30.00 Filing Fee & Certificate of Status  
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## PEST CONTROL DIRECT.COM LLC

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

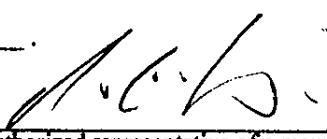
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Mr.Christopher R ADAMS	139 TWIN LAKES CIRCLE UMATILLA FLORIDA 32784	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Mrs.Denise GUY	19 SAYERLAND ROAD POLEGATE EAST SUSSEX BN26 6NU UK	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

\_\_\_\_\_  
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Dated NOVEMBER 5th, 2009

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Robert Eric Guy (Managing Member)  
 \_\_\_\_\_  
 Typed or printed name of signee