

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113411

FILED
May 31, 2007
Secretary of State

Entity Name: EXCELLENT PEST CONTROL, LLC

Current Principal Place of Business:

726 NW 37TH PLACE
CAPE CORAL, FL 33993 US

New Principal Place of Business:

Current Mailing Address:

726 NW 37TH PLACE
CAPE CORAL, FL 33993 US

New Mailing Address:

FEI Number: 30-0392187 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, PATRICIA
726 NW 37TH PLACE
CAPE CORAL, FL 33993 US

Name and Address of New Registered Agent:

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

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STAUFFER, JOHN W JR.
Address: 4286 HARBOUR LANE
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: MGRM () Delete
Name: WILLIAMS, PAMELA S
Address: 5753 ARVINE CIRCLE
City-St-Zip: FORT MYERS, FL 33919 US

Title: MGRM () Delete
Name: JONES, HOWARD W
Address: 726 NW 37TH PLACE
City-St-Zip: CAPE CORAL, FL 33993 US

Title: MGRM () Delete
Name: JONES, PATRICIA
Address: 726 NW 37TH PLACE
City-St-Zip: CAPE CORAL, FL 33993 US

ADDITIONS/CHANGES:

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

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

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 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: PATRICIA R. JONES

MGRM

05/31/2007

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