

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122777

**FILED**  
**Apr 11, 2010**  
**Secretary of State**

**Entity Name:** STUARTS PEST CONTROL LLC

**Current Principal Place of Business:**

4395 STATE ROAD 206 W  
ELKTON, FL 32033

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3033  
ST. AUGUSTINE, FL 32085

**New Mailing Address:**

FEI Number: 20-8110044

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COLEE, STUART W  
4395 STATE ROAD 206 W  
ELKTON, FL 32033 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  
Name: COLEE, STUART W  
Address: 4395 STATE ROAD 206 W  
City-St-Zip: ELKTON, FL 32033

Title: MGRM  
Name: COLEE, DEBORAH V  
Address: 4395 STATE ROAD 206 W  
City-St-Zip: ELKTON, FL 32033

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: DEBORAH V. COLEE

MGRM

04/11/2010

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