

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000046837

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

**Entity Name:** PEST CONTROL SOLUTIONS & SERVICES, L.L.C.

**Current Principal Place of Business:**

6362 8TH AVE N  
ST. PETERSBURG, FL 33710 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 40471  
ST. PETERSBURG, FL 33743 US

**New Mailing Address:**

PO BOX 40491  
ST. PETERSBURG, FL 33743 US

**FEI Number:** 56-2660027

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOODY, COLBY J  
6362 8TH AVE.  
ST. PETERSBURG, FL 33710 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:** GREGORY, JULIAN L JR.  
**Address:** 6362 8TH AVE. N.  
**City-St-Zip:** ST. PETERSBURG, FL 33710 US

**Title:** MGRM  
**Name:** WOODY, COLBY J  
**Address:** 6362 8TH AVE. N  
**City-St-Zip:** ST. PETERSBURG, FL 33710 US

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:** COLBY WOODY

MGRM

04/08/2010

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