

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000065488

**FILED**  
**Mar 25, 2010**  
**Secretary of State**

**Entity Name:** PROFESSIONAL PEST CONTROL, LLC

**Current Principal Place of Business:**

4286 HARBOUR LANE  
NORTH FORT MYERS, FL 33903 US

**New Principal Place of Business:**

19151 DONNA DRIVE  
NORTH FORT MYERS, FL 33917 US

**Current Mailing Address:**

4286 HARBOUR LANE  
NORTH FORT MYERS, FL 33903 US

**New Mailing Address:**

19151 DONNA DRIVE  
NORTH FORT MYERS, FL 33917 US

**FEI Number:** 26-0413471

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEBB, KELLI J  
4286 HARBOUR LANE  
NORTH FORT MYERS, FL 33903 US

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

WEBB, KELLI J  
19151 DONNA DRIVE  
NORTH FORT MYERS, FL 33917 US

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:

03/25/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STAUFFER, JOHN W JR  
Address: P.O. BOX 4656  
City-St-Zip: NORTH FORT MYERS, FL 33918 US

Title: MGRM  
Name: WEBB, KELLI J  
Address: 19151 DONNA DRIVE  
City-St-Zip: NORTH FORT MYERS, FL 33917 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: KELLI J. WEBB

MGRM

03/25/2010

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