

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000065488

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

19151 DONNA DRIVE  
NORTH FORT MYERS, FL 33917 US

**New Principal Place of Business:**

**Current Mailing Address:**

19151 DONNA DRIVE  
NORTH FORT MYERS, FL 33917 US

**New Mailing Address:**

**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  
19151 DONNA DRIVE  
NORTH FORT MYERS, FL 33917 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:** 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

02/08/2012

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