


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90135 023 \*\*\*143.75

<b>DOCUMENT # L07000066737</b>					
<b>1. Entity Name</b> PESTGUARD SERVICES, L.L.C.					
<b>Principal Place of Business</b> 2737 CR 441 EUSTIS, FL 32736			<b>Mailing Address</b> PO BOX 467 SORRENTO, FL 32776		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 26-0453447	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  PURCELL, CHERYL A 12842 FORESTEDGE CIRCLE ORLANDO, FL 32828			<b>7. Name and Address of New Registered Agent</b> Name: <u>Whitson M Hubler</u> Street Address (P.O. Box Number is Not Acceptable): <u>2737 CR 441</u> City: <u>EUSTIS</u> FL <u>32736</u>		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE: <u>[Signature]</u> DATE: <u>2-1-08</u>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DMM</u> <u>Whitson M Hubler</u> <u>PO BOX 467</u> <u>SORRENTO FL 32776</u>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>DMM</u> <u>DEANNA L HUALER</u> <u>PO BOX 467</u> <u>SORRENTO FL 32776</u>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u>			Date: <u>2-1-08</u>		Daytime Phone #: <u>407-947-5825</u> <u>352 4833868</u>