

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90206 034 ***138.75

DOCUMENT # L07000099700 1. Entity Name SCARBOROUGH PEST CONTROL SERVICE, LLC			
Principal Place of Business 7722 STATE RD 544E STE 215 WINTER HAVEN, FL 33881		Mailing Address 7722 STATE RD 544E STE 215 WINTER HAVEN, FL 33881	
2. Principal Place of Business - No P.O. Box # 243 Palm Drive		3. Mailing Address P.O. Box 421	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake Hamilton, FL		City & State Lake Hamilton, FL	
Zip 33851		Zip 33851	
Country FL		Country FL	
4. FEI Number 26-1261023		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01092008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent SCARBOROUGH, ROBER M 7722 STATE RD 544E STE 215 WINTER HAVEN, FL 33881		7. Name and Address of New Registered Agent Name: Roger M. Scarborough Street Address (P.O. Box Number is Not Acceptable): 243 Palm Drive City: Lake Hamilton, FL FL Zip Code: 33851	
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. SIGNATURE: DATE: 2/20/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCARBOROUGH, ROGER M 7722 STATE RD 544E - STE 215 WINTER HAVEN, FL 33881	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Roger M. Scarborough 243 Palm Drive Lake Hamilton, FL 33851
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCARBOROUGH, DENA F 7722 STATE RD 544E - STE 215 WINTER HAVEN, FL 33881	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Dena F. Scarborough 243 Palm Drive Lake Hamilton, FL 33851
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE:		Date: 2/20/08 863/207-0982	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	