

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000116197

**FILED**  
**Feb 10, 2010**  
**Secretary of State**

**Entity Name:** CLC FERTILIZATION & PEST CONTROL, LLC

**Current Principal Place of Business:**

6659 MUCK POND ROAD  
SEFFNER, FL 37584

**New Principal Place of Business:**

902 W. DR MARTIN LUTHER KING JR BLVD  
PLANT CITY, FL 33563

**Current Mailing Address:**

6659 MUCK POND ROAD  
SEFFNER, FL 37584

**New Mailing Address:**

902 W. DR MARTIN LUTHER KING JR BLVD  
PLANT CITY, FL 33563

**FEI Number:** 26-1480332

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCDERMOTT & THACKER, P.A.  
791 W. LUMSDEN ROAD  
BRANDON, FL 33511 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: KARLSON, SHANE R  
Address: 3715 POWERLINE ROAD  
City-St-Zip: LITHIA, FL 33547

Title: MGRM  
Name: KARLSON, TARA L  
Address: 3715 POWERLINE ROAD  
City-St-Zip: LITHIA, FL 33547

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: AMY L MARTIN

CPA

02/10/2010

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