

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000116197

**FILED**  
**Mar 30, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

902 W. DR MARTIN LUTHER KING JR BLVD  
UNIT 2  
PLANT CITY, FL 33563

**New Principal Place of Business:**

**Current Mailing Address:**

902 W. DR MARTIN LUTHER KING JR BLVD  
UNIT 2  
PLANT CITY, FL 33563

**New Mailing Address:**

**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:**

KARLSON, SHANE R  
902 W DR MARTIN LUTHER KING JR BLVD  
UNIT 2  
PLANT CITY, FL 33563 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: SHANE R KARLSON

03/30/2012

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: SHANE R KARLSON

MGRM

03/30/2012

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