

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119620

FILED
Jul 16, 2008
Secretary of State

Entity Name: FOUNTAIN PEST CONTROL, L.L.C.

Current Principal Place of Business:

1108 IMPERIAL EAGLE STREET
GROVELAND, FL 34736

New Principal Place of Business:

1323 SHELFER ST.
LEESBURG, FL 34748

Current Mailing Address:

1108 IMPERIAL EAGLE STREET
GROVELAND, FL 34736

New Mailing Address:

1323 SHELFER ST.
LEESBURG, FL 34748

FEI Number: 26-1500514 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FOUNTAIN, DAVID
1108 IMPERIAL EAGLE STREET
GROVELAND, FL 34736 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FOUNTAIN, DAVID
Address: 1108 IMPERIAL EAGLE STREET
City-St-Zip: GROVELAND, FL 34736

Title: MGR () Delete
Name: FOUNTAIN, DARLENE
Address: 1108 IMPERIAL EAGLE STREET
City-St-Zip: GROVELAND, FL 34736

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: FOUNTAIN, DARLENE
Address: 26737 WHITE PLAINS WAY
City-St-Zip: LEESBURG, FL 34748

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DAVID FOUNTAIN

MGR

07/16/2008

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