

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000018902

FILED
Mar 10, 2009
Secretary of State

Entity Name: FLORIDA PEST SPECIALISTS, LLC

Current Principal Place of Business:

1901 SE 16TH AVE
HOMESTEAD, FL 33035

New Principal Place of Business:

4850 SW 69TH AVE
MIAMI, FL 33155

Current Mailing Address:

1901 SE 16TH AVE
HOMESTEAD, FL 33035

New Mailing Address:

4850 SW 69TH AVE
MIAMI, FL 33155

FEI Number: 36-4627222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, DEREK L
1901 SE 16TH AVE
HOMESTEAD, FL 33035 US

Name and Address of New Registered Agent:

JOHNSON, DEREK L
4850 SW 69TH AVE
MIAMI, FL 33155 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: DEREK L. JOHNSON

03/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JOHNSON, NICOLE M
Address: 1901 SE 16TH AVE
City-St-Zip: HOMESTEAD, FL 33035

Title: MGRM () Delete
Name: JOHNSON, DEREK L
Address: 1901 SE 16TH AVE
City-St-Zip: HOMESTEAD, FL 33035

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JOHNSON, NICOLE M
Address: 4850 SW 69TH AVE
City-St-Zip: MIAMI, FL 33155

Title: MGRM (X) Change () Addition
Name: JOHNSON, DEREK L
Address: 4850 SW 69TH AVE
City-St-Zip: MIAMI, FL 33155

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: DEREK L. JOHNSON

MGRM

03/10/2009

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