

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000076201

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Entity Name:** BILL WILSON'S PEST SOLUTIONS, LLC

**Current Principal Place of Business:**

10641 WOOD IBIS AVE  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

10641 WOOD IBIS AVE  
BONITA SPRINGS, FL 34135 US

**New Mailing Address:**

**FEI Number:** 26-3020082      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

WILSON, WILLIAM F  
10641 WOOD IBIS AVE  
BONITA SPRINGS, FL., FL 34135 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:** MGR  
**Name:** WILSON, WILLIAM F  
**Address:** 10641 WOOD IBIS AVE  
**City-St-Zip:** BONITA SPRINGS, FL 34135 US

**Title:** MGRM  
**Name:** WILSON, BETTY L  
**Address:** 10641 WOOD IBIS AVE  
**City-St-Zip:** BONITA SPRINGS, FL 34135 US

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: WILLIAM F. WILSON

MGR

01/25/2011

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