

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000081212

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** PATRIOT PEST MANAGEMENT OF NORTHWEST FL LLC

**Current Principal Place of Business:**

5609 WHISPERING WOODS DR  
PACE, FL 32571 US

**New Principal Place of Business:**

**Current Mailing Address:**

4960 HWY 90 #124  
PACE, FL 32571 US

**New Mailing Address:**

**FEI Number:** 26-3308205

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BYRD, DARRYL W  
5609 WHISPERING WOODS DR  
PACE, FL 32571 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:** DARRYL, BYRD W  
**Address:** 5609 WHISPERING WOODS DR  
**City-St-Zip:** PACE, FL 32571 US

**Title:** MGRM  
**Name:** BYRD, GENEVIEVE M  
**Address:** 5609 WHISPERING WOODS DR  
**City-St-Zip:** PACE, FL 32571 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:** DARRYL W BYRD

MGR

01/05/2010

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