

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000049661

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** GREEN MAIDS TERMITE & PEST CONTROL LLC

**Current Principal Place of Business:**

4904 LORRI CIRCLE  
NORTH PORT, FL 34286

**New Principal Place of Business:**

**Current Mailing Address:**

4904 LORRI CIRCLE  
NORTH PORT, FL 34286

**New Mailing Address:**

P.O. BOX 8183  
NORTH PORT, FL 34290

**FEI Number:** 27-0230445

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: SAYERS, CORENA  
Address: 4904 LORRI CIRCLE  
City-St-Zip: NORTH PORT, FL 34286

Title: MGR  
Name: SAYERS, CHAD  
Address: 4904 LORRI CIRCLE  
City-St-Zip: NORTH PORT, FL 34286

Title: ST  
Name: SAYERS, CORENA  
Address: 4904 LORRI CIRCLE  
City-St-Zip: NORTH PORT, FL 34286

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:** CORENA SAYERS

MGR

04/30/2010

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