

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000064110

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Entity Name:** EFFECTIVE MOSQUITO SOLUTIONS, LLC

**Current Principal Place of Business:**

2003 FREEDOM DRIVE  
CLEARWATER, FL 33755 US

**New Principal Place of Business:**

**Current Mailing Address:**

411 CLEVELAND ST  
#202  
CLEARWATER, FL 33755 US

**New Mailing Address:**

2003 FREEDOM DRIVE  
CLEARWATER, FL 33755 US

**FEI Number:** 27-0474998

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KATHREIN, JEFF M  
1631 PINE PLACE  
CLEARWATER, FL 33755 US

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

OLT, PETER A  
2003 FREEDOM DRIVE  
CLEARWATER, FL 33755 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: PETER A OLT

03/21/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: OLT, PETER A  
Address: 2003 FREEDOM DRIVE  
City-St-Zip: CLEARWATER, FL 33755 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: PETER A OLT

PRES

03/21/2011

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