

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000096198

**FILED**  
**Jan 28, 2012**  
**Secretary of State**

**Entity Name:** MCFADDEN LAWN & PEST MANAGEMENT, LLC.

**Current Principal Place of Business:**

604 SE WALTON LAKES DRIVE  
PORT SAINT LUCIE, FL 34952 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7071  
PORT SAINT LUCIE, FL 34985 US

**New Mailing Address:**

**FEI Number:** 04-3633327

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MCFADDEN, NATALIE P  
604 SE WALTON LAKES DRIVE  
PORT SAINT LUCIE, FL 34952 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: MGRM  
Name: MCFADDEN, KENDALL C  
Address: 604 SE WALTON LAKES DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34952 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: KENDALL C MCFADDEN

MGRM

01/28/2012

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