2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

DOCUMENT# L10000100568

Entity Name: SPRAY SCAPES PEST MANAGEMENT LLC

Current Principal Place of Business:

15999 SE 36TH AVENUE
SUMMERFIELD, FL 34491

New Principal Place of Business:

Current Mailing Address:

PO BOX 1200
BELLEVIEW, FL 34421

New Mailing Address:

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

Name and Address of Current Registered Agent:

JONES, WILLIAM W
15999 SE 36TH AVE
SUMMERFIELD, FL 34491 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: JONES, WILLIAM W
Address: 15999 SE 36TH AVENUE
City-St-Zip: SUMMERFIELD, FL 34491

Title: MGR
Name: FINN, MARK
Address: 5216 SE 44TH CIRCLE
City-St-Zip: OCALA, FL 34480

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 Statues.

SIGNATURE: WILLIAM JONES MGR 04/30/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date