

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000104061

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** QUANTUM PEST PRO LLC

**Current Principal Place of Business:**

3320 LENOX AVE  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

3320 LENOX AVE  
JACKSONVILLE, FL 32254

**New Mailing Address:**

**FEI Number:** 27-3625631

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOODROE, RUTH L  
3320 LENOX AVE  
JACKSONVILLE, FL 32254 US

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

GOODROE, RUTH L  
15315 PARETE R.D  
JACKSONVILLE, FL 32218 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:**

01/13/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** GOODROE, STEVEN WAYNE  
**Address:** 15315 PARETE RD.  
**City-St-Zip:** JACKSONVILLE, FL 32218

**Title:** MGR  
**Name:** PHILLIPS, PENNY DENISE  
**Address:** 5119 YOUNIS ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32218

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:** STEVEN WAYNE GOODROE

MGRM

01/13/2011

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