

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000008060

Entity Name: PEST 911 LLC

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6355 SW 38TH ST.  
OCALA, FL 34474 US

**New Principal Place of Business:**

7175 S PINE AVE  
OCALA, FL 34480 US

**Current Mailing Address:**

6355 SW 38TH ST.  
OCALA, FL 34474 US

**New Mailing Address:**

PO BOX 4350  
OCALA, FL 34478 US

FEI Number: 27-4610319

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAMS, CRISTOFER S  
6355 SW 38TH ST.  
OCALA, FL 34474 US

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

WILLIAMS, CRISTOFER S  
3258 SE 41ST PLACE  
OCALA, FL 34480 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: CRISTOFER S. WILLIAMS

04/18/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WILLIAMS, CRISTOFER S  
Address: PO BOX 4350  
City-St-Zip: Ocala, FL 34478 US

Title: MGRM  
Name: RUSSELL, CHARLES E  
Address: PO BOX 4350  
City-St-Zip: Ocala, FL 34478 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: CHARLES E. RUSSELL

D

04/18/2012

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