112000019088

(Requestor's Name)				
(Address)				
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(Cit	y/State/Zip/Phon	e #)		
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COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Division of Co	rporations				
SUBJECT: Pest Pa	UBJECT: Pest Patrol of SW Florida, LLC Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registere	ed Agent/Registered Office Ch	ange and fe	ee(s) are submitted for filing.		
Please return all corres	pondence concerning this mat	ter to the fo	ollowing:		
John G. Sailer, Jr.,	President Greenlawn & F	Pest, Inc.,	•		
	Name of Person		-		
Pest Patrol of SW	Florida, LLC				
	Firm/Company	· · · · · · · · · · · · · · · · · · ·			
P.O. Box 1928					
	Address		-		
Venice, FL 34284					
Ci	ty/State and Zip Code		-		
jsailer@pestpartol.	biz				
E-mail address: (1	o be used for future annual re	port notifica	ation)		
For further information	concerning this matter, please	e call:			
John G. Sailer, Jr.	at (941	716-3734		
Name	of Person		Area Code & Daytime Telephone Number		
STREET/COU Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, Fl	rporations g. c Center Circle	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 32314		
Enclosed is a	heck for the following amou	nt:			
□ \$25 Filing F	ee	\$55	Filing Fee & Certified Copy		



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 5, 2014

JOHN G. SAILER, JR. PEST PATROL OF SW FLORIDA, LLC P.O. BOX 1928 VENICE, FL 34284

SUBJECT: PEST PATROL OF SW FLORIDA, LLC

Ref. Number: L12000079088

We have received your document for PEST PATROL OF SW FLORIDA, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The document must also contain the address of the registered agent which must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 814A00025648

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company: Pest Patrol of SW Florida, LLC					
2. (a)	344 South Moon Drive	(b) P.O. Box 1928			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Sarasota, FL 34292	Sarasota	a, FL 34284		
	June 14, 2012	 L1200007	79088		
3.	Date of filing/registration in Florida	4.	Document number		
	George R. Huhn		TALLES MID: SH		
5. (a	Registered Agent and Registered Office shown on the records of th	e Florida Dept. of State	人景人		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	344 South Moon Drive		Service E		
	Venice , _{FL} 3	34292	17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(b)	John G. Sailer, Jr., President, Greenlawn & Po	est Inc. MGRM			
()	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:			
	344 5 mood pr				
	NEW Registered Office Address:	00			
	venice FL 342	7 —			
	PL TO GUIL - THE - 37 SEC., FL				
the ch agent was/w	limited liability company is not organized under the laws ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	he registered office pility company, it is the limited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
<	NAL	John G. Saile	er, Jr., Pres Greenlawn & Pest, Inc		
_	ature of a member or authorized representative of a member	a to got in this a	Printed or typed name of signee		
the ob to me	eby accept the appointment as registered agent and agre- tions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided rely reflect a change in the registered office address, I he d in writing of this change.	e to act in this capa erformance of my a for in Chapter 605, ereby confirm that i	icity. I further agree to comply with the luties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been		
Signat	ure of Registered Agent				