

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90229 027 ****50.00

DOCUMENT # M01000001981

1. Entity Name

PEST PROPERTY HOLDINGS, LLC



Principal Place of Business

~~9005 BLUEBONNET BLVD., SUITE 3~~
BATON ROUGE LA 70810

Mailing Address

~~9005 BLUEBONNET BLVD., SUITE 3~~
BATON ROUGE LA 70810



2. Principal Place of Business

10754 Linkwood Ct
Suite, Apt. #, etc.
Suite 1

3. Mailing Address

10754 Linkwood Ct.
Suite, Apt. #, etc.
Suite 1

1st MOORE

CR2E083 (10/05)

City & State

Baton Rouge, LA

City & State

Baton Rouge, LA

4. FEI Number

72-1505341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS, ED
213 RUSS DR.
GULF BREEZE FL 32561

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **COHN, DAVID M**
CITY-ST-ZIP **~~9005 BLUEBONNET BLVD., SUITE 3~~**
BATON ROUGE LA 70810

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **COHN, MIKE**
CITY-ST-ZIP **4720 JONES CREEK RD.**
BATON ROUGE LA 70817

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10754 Linkwood Ct., Suite 1**
CITY-ST-ZIP **Baton Rouge, LA. 70810**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/14/06

225
769-0858