

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

03-01-2006 90229 026 ****50.00

DOCUMENT # M03000001769

1. Entity Name

PREMIER TERMITE & PEST CONTROL NE, LLC



Principal Place of Business

9035 BLUEBONNET BLVC., STE. 3
BATON ROUGE LA 70810

Mailing Address

~~9035 BLUEBONNET BLVC., STE. 3~~
BATON ROUGE LA 70810



2. Principal Place of Business

3. Mailing Address

10754 Linkwood Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1

1st MOORE

CR2E083 (10/05)

City & State

City & State

Baton Rouge, LA

4. FEI Number

27-0060082

Applied For

Not Applicable

Zip

Country

Zip

70810

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EVANS, ED
8123 NAVARRE PKWY.
NAVARRE FL 32566

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

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME COHN, DAVID M
STREET ADDRESS 9035 BLUEBONNET BLVC., STE. 3
CITY-ST-ZIP BATON ROUGE LA 70810

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

TITLE MGRM ☐ Delete
NAME COHN, D. BRIAN
STREET ADDRESS 9035 BLUEBONNET BLVC., STE. 3
CITY-ST-ZIP BATON ROUGE LA 70810

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

TITLE MGRM ☐ Delete
NAME COHN, MATTHEW R
STREET ADDRESS 9035 BLUEBONNET BLVC., STE. 3
CITY-ST-ZIP BATON ROUGE LA 70810

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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