2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # M03000001769

1. Entity Name
PREMIER TERMITE & PEST CONTROL NE, LLC

Principal Place of Business	Mailing Address
9035 BLUEBONNET BLVC., STE. 3 BATON ROUGE, LA 70810	10754 LINKWOOD CT SUITE 1 BATON ROUGE, LA 70810

DO NOT WRITE IN THIS SPACE

01092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
27-0060082

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

EVANS, ED
8123 NAVARRE PKWY.
NAVARRE, FL 32566

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	COHN, DAVID M
STREET ADDRESS	10754 LINKWOOD CT, SUITE 1
CITY-ST-ZIP	BATON ROUGE, LA 70810
TITLE	MGRM
NAME	COHN, D. BRIAN
STREET ADDRESS	9035 BLUEBONNET BLVC., STE. 3
CITY-ST-ZIP	BATON ROUGE, LA 70810
TITLE	MGRM
NAME	COHN, MATTHEW R
STREET ADDRESS	9035 BLUEBONNET BLVC., STE. 3
CITY-ST-ZIP	BATON ROUGE, LA 70810
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/16/07-80037-023 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: David M. Cohn - Member 1/10/07 2257690858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #