

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003716

FILED  
Apr 22, 2008  
Secretary of State

**Entity Name:** XACT IMPACT NATURAL PEST MANAGEMENT LLC

**Current Principal Place of Business:**

8424 BRITTANY PLACE  
NIWOT, CO 80503

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 503  
NIWOT, CO 80544

**New Mailing Address:**

**FEI Number:** 20-4443828

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUBIN, MARK  
3640 NW 16TH STREET  
LAUDERHILL, FL 33311 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RUBIN, KEN  
Address: P.O. BOX 503  
City-St-Zip: NIWOT, CO 80544

Title: MGRM ( ) Delete  
Name: RUBIN, JENINE W  
Address: P.O. BOX 503  
City-St-Zip: NIWOT, CO 80544

Title: MGRM ( ) Delete  
Name: RUBIN, MARK  
Address: P.O. BOX 17225  
City-St-Zip: PLANTATION, FL 33318

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JENINE WINESUFF RUBIN

MGRM

04/22/2008

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