2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000967

Entity Name: SERVICEPRO LAWN AND PEST CONTROL, LLC

FILED Jul 23, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2518 ANTHEM VILLAGE DRIVE #103 5805-C BRECKENRIDGE PKWY HENDERSON, NV 89052 TAMPA, FL 33610 **Current Mailing Address: New Mailing Address:** 2518 ANTHEM VILLAGE DRIVE 2518 ANTHEM VILLAGE DRIVE #103 SUITE 101 HENDERSON, NV 89052 HENDERSON, NV 89052 FEI Number: 51-0618595 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANGELTO, JON VILLAREAL, ADAM 1202 N. VIEW DRIVE 150 E. WILDMERE SARASOTA, FL 34242 US STE 106 LONGWOOD, FL 32750 US 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: ADAM VILLAREAL 07/23/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Delete (X) Change () Addition ALLRED, AARON R COLE, SHANDON V Name: Name: 2518 ANTHEM VILLAGE DRIVE #103 Address: 2518 ANTHEM VILLAGE DRIVE #101 Address: City-St-Zip: HENDERSON, NV 89052 City-St-Zip: HENDERSON, NV 89052 Title: Title: MGRM () Change (X) Addition () Delete Name: Name: NELSON, MARTIN L Address: Address: 2518 ANTHEM VILLAGE DRIVE #101 City-St-Zip: City-St-Zip: HENDERSON, NV 89052 Title: () Delete Title: MGRM () Change (X) Addition KARREN, THOMAS A Name: Name: 2518 ANTHEM VILLAGE DRIVE #101 Address: Address: City-St-Zip: City-St-Zip: HENDERSON, NV 89052 Title: () Delete Title: MGRM () Change (X) Addition Name: Name: VILLAREAL, ADAM Address: Address: 150 E. WILDMERE, STE 106 City-St-Zip: City-St-Zip: LONGWOOD, FL 32750 Title: () Delete Title: MGRM () Change (X) Addition ROBINSON, GABRIEL Name: Name: 150 E. WILDMERE, STE 106 Address: Address: City-St-Zip: City-St-Zip: LONGWOOD, FL 32750

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: MARTIN NELSON MGRM 07/23/2008