

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000004472

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Entity Name:** ALLIANCE PEST SOLUTIONS, LLC

**Current Principal Place of Business:**

3720 HAMILTON BLVD  
THEODORE, AL 36582

**New Principal Place of Business:**

**Current Mailing Address:**

53 MCCULLOUGH DRIVE  
NEW CASTLE, DE 19720

**New Mailing Address:**

**FEI Number:** 26-4006414

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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  
Name: RICHARDSON, ROY  
Address: 53 MCCULLOUGH DR  
City-St-Zip: NEW CASTLE, DE 19720

Title: MGRM  
Name: COLEMAN, JEFF  
Address: 450 ROSENWALD ST  
City-St-Zip: RESERVE, LA 70084

Title: MGRM  
Name: COLEMAN, JACK  
Address: 450 ROSENWALD ST.  
City-St-Zip: RESERVE, LA 70084

I hereby 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: ERICA RICE

HR

01/30/2012

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