


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M96000000257</b> 1. Entity Name <b>PREMIER TERMITE AND PEST CONTROL, L.L.C.</b>	
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Principal Place of Business <b>5189 GULF BREEZE PARKWAY GULF BREEZE, FL 32563</b>	Mailing Address <b>9035 BLUE BONNET BLVD STE 3 BATON ROUGE, LA 70810</b>
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01172005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>72-1327702</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>EVANS, ED 5189 GULF BREEZE PARKWAY GULF BREEZE, FL 32566</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

U00000189070  
01/24/05-80081-006 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COHN, DAVID M 9035 BLUEBONNETT BLVD STE 3 BARTON ROUGE, LA 70817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COHN, MIKE 4720 JONES CREEK RD BATON ROUGE, LA 70817
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **1-77-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #