

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000022097

Entity Name: TURNER PEST CONTROL, LLC

Current Principal Place of Business:

8400 BAYMEADOWS WAY
SUITE 12
JACKSONVILLE, FL 32256

Current Mailing Address:

8400 BAYMEADOWS WAY
SUITE 12
JACKSONVILLE, FL 32256

FEI Number: 11-3653140

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title: MANAGER
Name: NYLUND, STEVE
Address: 8400 BAYMEADOWS WAY
SUITE 12
City-State-Zip: JACKSONVILLE FL 32256

Title: AUTHORIZED MEMBER
Name: ANTICIMEX INC.
Address: 106 ALLEN ROAD
SUITE 320
City-State-Zip: BASKING RIDGE NJ 07920

Title: PRESIDENT
Name: MICHAELS, CHERI
Address: 8400 BAYMEADOWS WAY
SUITE 12
City-State-Zip: JACKSONVILLE FL 32256

Title: AUTHORIZED MEMBER
Name: LAMM, TIMOTHY
Address: 8400 BAYMEADOWS WAY
SUITE 12
City-State-Zip: JACKSONVILLE FL 32256

Title: AUTHORIZED MEMBER
Name: MARTIN, ELSA
Address: 8400 BAYMEADOWS WAY
SUITE 12
City-State-Zip: JACKSONVILLE FL 32256

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVE NYLUND

MANAGER

08/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date