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: ROBERT J. SEMPLE

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 52-2402828

Name and Address of Current Registered Agent:

FOUST, KATHLEEN M 17 S. ORLANDO AVE. KISSIMMEE, FL 34741 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

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	SEMPLE, ROBERT J	Name	SEMPLE, DENISE M
Address	4128 BALD EAGLE DRIVE	Address	4128 BALD EAGLE DRIVE
City-State-Zip:	KISSIMMEE FL 34746	City-State-Zip:	KISSIMMEE FL 34746

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037831

Entity Name: BUGS-B-GONE PEST CONTROL, LLC

Current Principal Place of Business:

1350 TENNESEE AVE G SAINT CLOUD, FL 34769

Current Mailing Address:

1350 TENNESEE AVE G SAINT CLOUD, FL 34769

MANAGER

Certificate of Status Desired: No

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 06/13/2019

FILED Jun 13, 2019 Secretary of State 2944017531CC

Date