

**2014 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

**FEI Number:** 52-2402828

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

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

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

*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: ROBERT SEMPLE**

**MANAGER**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date