

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000065488

**Entity Name:** PROFESSIONAL PEST CONTROL, LLC

**Current Principal Place of Business:**

19151 DONNA DRIVE  
NORTH FORT MYERS, FL 33917

**Current Mailing Address:**

19151 DONNA DRIVE  
NORTH FORT MYERS, FL 33917 US

**FEI Number: 26-0413471**

**Certificate of Status Desired:** No

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

WEBB, KELLI J  
19151 DONNA DRIVE  
NORTH FORT MYERS, FL 33917 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 MGRM  
Name STAUFFER, JOHN WJR  
Address P.O. BOX 4656  
City-State-Zip: NORTH FORT MYERS FL 33918

Title MGRM  
Name WEBB, KELLI J  
Address 19151 DONNA DRIVE  
City-State-Zip: NORTH FORT MYERS FL 33917

*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: KELLI J WEBB**

**MGRM**

**05/05/2015**

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

\_\_\_\_\_  
Date