#### 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000069652

Entity Name: ENVIRONMENTAL PEST SERVICE HOLDINGS, LLC

FILED
Mar 30, 2018
Secretary of State
CC5224009631

## **Current Principal Place of Business:**

5670 W. CYPRESS STREET, SUITE B

TAMPA, FL 33607

# **Current Mailing Address:**

5670 W. CYPRESS STREET, SUITE B TAMPA, FL 33607 US

FEI Number: 27-3055841 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

PARACORP INCORPORATED 155 OFFICE PLAZA DRIVE, 1ST FLOOR 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: LETICIA BURLESON, ASSISTANT SECRETARY FOR PARACORP

03/30/2018

Electronic Signature of Registered Agent

Date

# Authorized Person(s) Detail:

| Title | MEMBER            | Title | MEMBER       |
|-------|-------------------|-------|--------------|
| Name  | HOOTEN, KENNETH D | Name  | SAYERS, NICK |

Address 5670 W. CYPRESS STREET, SUITE B Address 5670 W. CYPRESS STREET, SUITE B

City-State-Zip: TAMPA FL 33607 City-State-Zip: TAMPA FL 33607

Title MEMBER Title MEMBER

Name PICKHARDT, GEORGE D Name SWARTZ, ROBERT

Address 5670 W. CYPRESS STREET, SUITE B Address 5670 W. CYPRESS STREET, SUITE B

City-State-Zip: TAMPA FL 33607 City-State-Zip: TAMPA FL 33607

Title MEMBER Title CFO, MEMBER

Name FELKER, PAUL J. JR. Name BRADFORD, DAVID

Address 5670 W. CYPRESS STREET, SUITE B Address 5670 W. CYPRESS STREET, SUITE B

City-State-Zip: TAMPA FL 33607 City-State-Zip: TAMPA FL 33607

Title VP OF SALES & OPERATIONS Title CEO

Name ROLMAN, MICHAEL Name LUCHT, SHAWN

Address 5670 W. CYPRESS STREET, SUITE B Address 5670 W. CYPRESS STREET, SUITE B

City-State-Zip: TAMPA FL 33607 City-State-Zip: TAMPA FL 33607

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: DAVID BRADFORD CFO

Electronic Signature of Signing Authorized Person(s) Detail

03/30/2018

Date