

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000008060

**Entity Name:** PEST 911 LLC

**Current Principal Place of Business:**

3258 SE 41ST PLACE  
OCALA, FL 34480

**Current Mailing Address:**

PO BOX 4350  
OCALA, FL 34478 US

**FEI Number:** 27-4610319

**Certificate of Status Desired:** No

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

WILLIAMS, CRISTOFER S  
3258 SE 41ST PLACE  
OCALA, FL 34480 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 WILLIAMS, CRISTOFER S  
Address PO BOX 4350  
City-State-Zip: Ocala FL 34478

Title MGRM  
Name RUSSELL, CHARLES E  
Address PO BOX 4350  
City-State-Zip: Ocala FL 34478

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CRISTOFER WILLIAMS

**OWNER**

**04/30/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date