

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000001717

**Entity Name:** SOUTHWIND PEST & TERMITE OF CENTRAL FLORIDA LLC

**Current Principal Place of Business:**

2500 DRANE FIELD ROAD  
SUITE 101  
LAKELAND, FL 33811

**Current Mailing Address:**

P.O. BOX 1306  
BAINBRIDGE, GA 39818

**FEI Number:** 90-0923106

**Certificate of Status Desired:** Yes

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

WEST PLC  
174 W. COMSTOCK AVE.  
SUITE 108  
WINTER PARK, FL 32789 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 SOUTHWIND PEST & TERMITE, LLC  
Address P.O. BOX 1306  
City-State-Zip: BAINBRIDGE GA 39818

*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:** CHARLES W WHITTAKER

**MANAGING MEMBER**

**02/23/2015**

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

\_\_\_\_\_  
Date