

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000139036

**Entity Name:** PESTOLOGY L.L.C.

**Current Principal Place of Business:**

3211 KATYS CT.  
GREEN COVE SPRINGS, FL 32043

**Current Mailing Address:**

PO BOX 9596  
FLEMING ISLAND, FL 32006

**FEI Number:** 81-3391828

**Certificate of Status Desired:** No

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

WALKER, JOSPEH E  
3211 KATYS CT.  
GREEN COVE SPRINGS, FL 32043 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 WALKER, JOSEPH E  
Address 3211 KATYS CT.  
City-State-Zip: GREEN COVE SPRINGS FL 32043

*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:** JOSEPH WALKER

MGR

02/22/2018

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

\_\_\_\_\_ Date