

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000023711

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** A NATURAL CHOICE PEST CONTROL, LLC

**Current Principal Place of Business:**

9841 BOGGY CREEK RD.  
ORLANDO, FL 32824 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 621445  
ORLANDO, FL 32862 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

LAW OFFICES OF HAGOOD & GARVEY  
1053 MAITLAND CENTER COMMONS BLVD  
STE 101  
MAITLAND, FL 32751 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** GIFFORD, MICHAEL H  
**Address:** 436 AVALON BLVD  
**City-St-Zip:** ORLANDO, FL 32806 US

**Title:** MGRM  
**Name:** GIFFORD, AMANDA N  
**Address:** 436 AVALON BLVD  
**City-St-Zip:** ORLANDO, FL 32806 US

I hereby certify that the information indicated on this 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.

**SIGNATURE:** HEATH GIFFORD

MGRM

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date