

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000016019

**Entity Name:** PROFESSIONAL WILDLIFE REMOVAL LLC

**Current Principal Place of Business:**

907 SW 20TH ST  
CAPE CORAL, FL 33991

**Current Mailing Address:**

P.O. BOX 150031  
CAPE CORAL, FL 33915 US

**FEI Number: 45-1203413**

**Certificate of Status Desired:** No

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

GIBSON, PATRICK GJR.  
907 SW 20TH ST  
CAPE CORAL, FL 33991 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 GIBSON, PATRICK GJR.  
Address P.O. BOX 150031  
City-State-Zip: CAPE CORAL FL 33915

Title MGRM  
Name GIBSON, APRIL  
Address P.O. BOX 150031  
City-State-Zip: CAPE CORAL FL 33915

*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: APRIL GIBSON**

**OWNER**

**04/27/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date