

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000211274

**Entity Name:** PESTCONTROLCOURSES, LLC

**Current Principal Place of Business:**

710 SCENIC HIGHWAY  
#223  
PENSACOLA, FL 32503

**Current Mailing Address:**

P.O. BOX 281  
GULF BREEZE, FL 32562 US

**FEI Number: 81-4414780**

**Certificate of Status Desired: No**

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

MCGAUGH, DAVID G  
710 SCENIC HIGHWAY  
#223  
PENSACOLA, FL 32503 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           | AMBR                       | Title           | AMBR                 |
| Name            | MCGAUGH, DAVID G           | Name            | MCGAUGH, JENNIFER L  |
| Address         | 710 SCENIC HIGHWAY<br>#223 | Address         | 1161 SANIBEL LANE    |
| City-State-Zip: | PENSACOLA FL 32503         | City-State-Zip: | GULF BREEZE FL 32563 |

*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: DAVID G MCGAUGH**

**OWNER, PRESIDENT**

**04/30/2018**

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

\_\_\_\_\_  
Date