

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000030323

**FILED**  
**Jan 24, 2010**  
**Secretary of State**

**Entity Name:** CLIFF GOBLE PEST CONTROL, LLC

**Current Principal Place of Business:**

507 MAYFLOWER COURT  
FORT WALTON BEACH, FL 32547 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1007  
SHALIMAR, FL 32579 US

**New Mailing Address:**

**FEI Number:** 65-1223103

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOBLE, ANGELYN R  
507 MAYFLOWER COURT  
FORT WALTON BEACH, FL 32547 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: MGR  
Name: GOBLE, CLIFFORD P  
Address: P. O. BOX 1007  
City-St-Zip: SHALIMAR, FL 32579 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: CLIFFORD P. GOBLE

MGR

01/24/2010

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