

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000063620

**Entity Name:** GARFIELD'S PEST CONTROL, LLC

**Current Principal Place of Business:**

7980 NW 50 ST  
508  
LAUDERHILL, FL 33351

**Current Mailing Address:**

PO BOX 3232  
NANTUCKET, MA 02584 US

**FEI Number:** 30-0446113

**Certificate of Status Desired:** No

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

BLOISE, GARFIELD DWIGHT  
7980 NW 50 ST  
508  
LAUDERHILL, FL 33351 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 CHAIRMAN  
Name BLOISE, GARFIELD DWIGHT  
Address 7980 NW 50 ST #508  
City-State-Zip: LAUDERHILL FL 33351

Title MANAGER  
Name BLOISE, GILLIAN K DR.  
Address 7980 NW 50 ST  
508  
City-State-Zip: LAUDERHILL FL 33351

*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:** GARFIELD BLOISE

**OWNER**

**04/28/2017**

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

\_\_\_\_\_  
Date