

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000063620

Entity Name: GARFIELD'S PEST CONTROL, LLC**Current Principal Place of Business:**6113 NW 45 AVE
COCONUT CREEK, FL 33073**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	PO BOX 3232
City-State-Zip:	NANTUCKET MA 02584

Title	VP
Name	BLOISE, GILLIAN K DR.
Address	PO BOX 3232
City-State-Zip:	NANTUCKET MA 02584

Title	MANAGER
Name	WOLLISTON, KEMAR
Address	5881 NW 16TH PLACE #128
City-State-Zip:	SUNRISE FL 33313

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

CEO

01/23/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date