

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000180324

**FILED**  
**Apr 28, 2018**  
**Secretary of State**  
**CC8138766432**

**Entity Name:** GREATER IS HE PEST CONTROL & HANDYMAN SERVICES  
"LLC"

**Current Principal Place of Business:**

1064 BUCCANEER BLVD  
GREEN COVE SPRINGS, FL 32043

**Current Mailing Address:**

8432 LONG MEADOWS CIR  
JACKSONVILLE, FL 32244 US

**FEI Number:** 47-5668133

**Certificate of Status Desired:** No

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

WILLIAMS, BRIAN  
8432 LONG MEADOWS CIR N  
JACKSONVILLE, FL 32244 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	CEO, /OWNER	Title	OWNER/CEO
Name	WILLIAMS, BRIAN O	Name	WILLIAM, BRIAN O
Address	1064 BUCCANEER BLVD	Address	8432 LONG MEADOWS CIR
City-State-Zip:	GREEN COVE SPRINGS FL 32043	City-State-Zip:	JACKSONVILLE FL 32244

*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: BRIAN WILLIAMS

CEO/OWNER

04/28/2018

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

\_\_\_\_\_  
Date