


FILED
Apr 03, 2007 8:00 am
Secretary of State

02-16-2007 90183 039 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT (AR)**

2/1
2.

DOCUMENT # L06000032499					
1. Entity Name FLORIDA KEYS TREE SERVICE LLC					
Principal Place of Business 316 TAVERNIER STREET TAV ERNIER FL 33070 US			Mailing Address 316 TAVERNIER STREET TAVERNIER FL 33070 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Dashed <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LOEB, BERNARD 316 TAVERNIER STREET TAVERNIER FL 33070- USA			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			Zip Code		
8. 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. I am familiar with, and accept the obligations of, registered agent.					
SIGNATURE <i>Bernard Loeb</i>		SIGNATURE <i>Bernard Loeb</i>		DATE <i>3-17-07</i>	
FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
0011 NAME STREET ADDRESS CITY ST ZIP	<i>Manager Bernard Loeb 316 Tavernier St. Tavernier FL 33070</i>	<input type="checkbox"/> Delete	1011 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
0111 NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	1111 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
0211 NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	1211 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
0311 NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	1311 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
0411 NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	1411 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
0511 NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	1511 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Bernard Loeb</i>				DATE: <i>2-3-07 205852 9746</i>	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					