

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000007931

Entity Name: CABO SHADE TREE SERVICE, LLC

Current Principal Place of Business:

16150 S. US HIGHWAY 301
SUMMERFIELD, FL 34491

Current Mailing Address:

16150 S. US HIGHWAY 301
SUMMERFIELD, FL 34491 US

FEI Number: 46-4583405

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CABO, JOHN
16150 S. US HIGHWAY 301
SUMMERFIELD, FL 34491 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 MGRM
Name CABO, JOHN
Address 16150 S. US HIGHWAY 301
City-State-Zip: SUMMERFIELD FL 34491

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: JOHN CABO

MGRM

03/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date