

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000165732

**Entity Name:** SAFE CHOICE TREE SERVICE, LLC

**Current Principal Place of Business:**

5404 TINDALE RD  
PLANT CITY, FL 33565

**Current Mailing Address:**

5404 TINDALE RD  
PLANT CITY, FL 33565 UN

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

VALENTINE, JONATHAN B  
5404 TINDALE RD  
PLANT CITY, FL 33565 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           MANAGER  
Name           VALENTINE, CAITLIN LEANNE  
Address        5404 TINDALE RD  
City-State-Zip: PLANT CITY 33565

*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:** CAITLIN VALENTINE

**MANAGER**

**03/16/2017**

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

\_\_\_\_\_ Date