that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000060874

Entity Name: TPD TREE SERVICE LLC

Current Principal Place of Business:

PMB152 40 W NINE MILE RD #2 PENSACOLA, FL 32534

Current Mailing Address:

PMB152 40 W NINE MILE RD #2 PENSACOLA, FL 32534 US

FEI Number: 82-0865884

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

MENDOZA, ALEX L PMB152 40 W NINE MILE RD #2 PENSACOLA, FL 32534 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:

Authorized Person(s) Detail :			
Title	AMBR	Title	AMBR
Name	MENDOZA, ALEX L	Name	MENDOZA, ALICIA
Address	PMB152 40 W NINE MILE RD #2	Address	609 DYE ST
City-State-Zip:	PENSACOLA FL 32534	City-State-Zip:	PENSACOLA FL 32534

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

06/25/2020

FILED Jun 25, 2020 Secretary of State 1589992849CC

Date

Certificate of Status Desired: Yes

SIGNATURE: ALEX MENDOZA FOUNDER / CEO

Date