

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000360296

**Entity Name:** LEGACY TREE SURGEON LLC

**Current Principal Place of Business:**

608 ORANGE ST  
WELAKA, FL 32193

**Current Mailing Address:**

608 ORANGE ST  
WELAKA, FL 32193

**FEI Number: 84-3401916**

**Certificate of Status Desired: Yes**

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

CLAY, JAMES E  
608 ORANGE ST  
WELAKA, FL 32193 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	AUTHORIZED MEMBER	Title	SECRETARY
Name	CLAY, JAMES EDWARD	Name	JOHNS, BRANDI L
Address	608 ORANGE ST	Address	608 ORANGE ST
City-State-Zip:	WELAKA FL 32193	City-State-Zip:	WELAKA FL 32193

*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: BRANDI L. JOHNS**

**SECRETARY**

**04/19/2023**

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

\_\_\_\_\_  
Date