FILED
Jul 28, 2002 8:00 am
Secretary of State
07-28-2002 90171 009 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016150

1. Entity Name

TRI STATE TREE SERVICE, L.L.C.

[redacted]

Principal Place of Business	Mailing Address
10315 LILLIAN HWY PENSACOLA FL 32506	P.O. BOX 36220 PENSACOLA FL 32516-6220

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
10315 Lillian Hwy		P.O. Box	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 36220	
City & State: Pensacola Fl.		City & State: Pensacola Fl.	
Zip: 32506	Country: Escambia	Zip: 32516	Country: Escambia

4. FEI Number 59-3678401 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, WAYNE L 10315 LILLIAN HWY PENSACOLA FL 32506	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 [signature] 7-9-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, WAYNE 10315 LILLIAN HWY PENSACOLA FL 32506 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (4/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] Wayne L. William 7-9-02 850 453-7302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #