

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000021905

1. Entity Name
SSNN TREE FARM, LLC



Principal Place of Business

90 HOWE AVENUE
LABELLE, FL 33935

Mailing Address

PO BOX 1118
LABELLE, FL 33975

DO NOT WRITE IN THIS SPACE



01032005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
90-0147033

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMUNNI, STEVEN A
90 HOWE AVENUE
LABELLE, FL 33935

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/05

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
RAMUNNI, STEVEN A
PO BOX 1118
LABELLE, FL 33975

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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01/28/05-80029-016 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/25/05