


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90416 007 ****50.00

DOCUMENT # L03000023816					
1. Entity Name A.S.A.P. TREE TRIMMING, LLC					
Principal Place of Business 23260 MCQUEENY AVENUE PORT CHARLOTTE, FL 33980			Mailing Address 23260 MCQUEENY AVENUE PORT CHARLOTTE, FL 33980		
2. Principal Place of Business Same		3. Mailing Address P.O. Box 494788			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		Port Charlotte, FL		4. FEI Number 42-1598205	
Zip		Country		Applied For Not Applicable	
33980		U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WOTITZKY, HAL F 223 TAYLOR STREET PUNTA GORDA, FL 33950			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			MGRM Ann Russell 23260 McQueeney Ave Port Charlotte, FL 33980		
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: <u>Ann Russell</u>			3-27-04 941-625-8185		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		