

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034084

FILED
Mar 20, 2009
Secretary of State

Entity Name: DORIA'S TREE FARM, LIMITED LIABILITY COMPANY

Current Principal Place of Business:

2068 RICHARDS RD.
NAPLES, FL 34120

New Principal Place of Business:

Current Mailing Address:

PO BOX 8539
NAPLES, FL 34101

New Mailing Address:

FEI Number: 36-4558475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DORIA, REYNALDO
3145 58TH STREET S.W.
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DORIA, REYNALDO
Address: P.O. BOX 8539
City-St-Zip: NAPLES, FL 34119

Title: MGRM () Delete
Name: DORIA, MARY J
Address: P.O. BOX 8539
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: DORIA, M. J
Address: P.O. BOX 8539
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: M.J. DORIA

MGRN

03/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date