


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90296 034 ****50.00

DOCUMENT # L03000050099					
1. Entity Name HARRY BURBAGE, SR. TREE MOVING, LLC					
Principal Place of Business 4603 SC 475 BUSHNELL FL 33513 US			Mailing Address 4603 SC 475 BUSHNELL FL 33513 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1210744	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BURBAGE, HARRY D SR. 4603 SC 475 BUSHNELL FL 33513			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		Zip Code
FL			FL		
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 <input checked="" type="checkbox"/> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURBAGE, HARRY D SR.		NAME		
STREET ADDRESS	4603 SC 475		STREET ADDRESS		
CITY-ST-ZIP	BUSHNELL FL 33513		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>HARRY BURBAGE SR.</i> HARRY BURBAGE SR. <i>2/20/04-352-793-1306</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Daytime Phone #					

Attachment

34000739 24018071
L03000050099

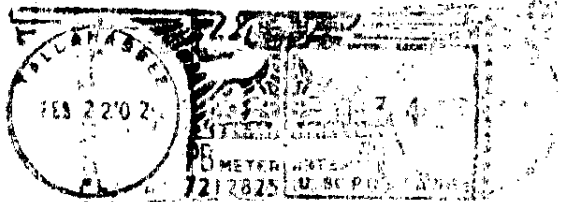
This is the payment I made to A.C. Trust Fund
for Harry Lurbaag-Sen Tree Drilling, LLC. Please apply
to document # L03000050099

KEEP THIS RECEIPT FOR YOUR RECORDS		CUSTOMER'S RECEIPT		SEE BACK OF THIS RECEIPT FOR IMPORTANT CLAIM INFORMATION
PAY TO:	A.C. Trust Fund			NOT NEGOTIABLE CLEAR 0001
ADDRESS:				
C. O. D. OR USED FOR:	PAID CASH \$50.00			
SERIAL NUMBER	YEAR, MONTH, DAY	POST OFFICE	AMOUNT	
05117016688	2004-01-23	335130	\$50.00	

Attachment

24018011
#L03000050099

STATE OF FLORIDA
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY
BUREAU OF WORKERS' COMPENSATION COMPLIANCE
2012 EXECUTIVE CENTER CIRCLE EAST
HARTMAN BUILDING, SUITE 209
TALLAHASSEE, FLORIDA 32399-2161



THIS IS WHAT I RECEIVED FOR THE
\$50.00 MONEY ORDER, I SENT. I'VE BEEN
TRYING TO GET THIS STRAIGHTENED OUT
SINCE JAN. 23, 2004. I SENT THE M.O. TO
THE ADDRESS ABOVE. PLEASE NOTE THE
"DATE" STAMP ABOVE AND THEN NOTICE
INSIDE THE DATE THE J.C. EXEMPT
EXPIRED! SOME ONE IS NOT DOING
THE JOB THAT THEY ARE SUPPOSED TO
BE DOING. THANKS,

1002617 R 3 B
3 1002617 R 3 B

H & H BURBAGE
4603 SOUTH C, R 475
BUSHNELL

Harry

Certified
Label Serial #: 70000520001886074628

Issue PVI: \$4.42

TAMPA FE 33692
First-Class
Return Receipt
Certified
Label Serial #: 70000520001492663078

Issue PVI: \$4.42

WASHINGTON DC 20510
First-Class
Return Receipt
Certified
Label Serial #: 70000520001886074611

Issue PVI: \$4.42

Dom. Money Order 05117016688 \$50.00
Domestic Money Order Fee \$0.90
Subtotal: \$50.90

Total: \$77.42
Paid by: \$100.00
Cash
Change Due: -\$22.58

Bill #: 1000200692837
Clerk: 01

— A) sales final on stamps and postage.
Refunds for guaranteed services only:
Thank you for your business.
Customer Copy

Attachment
200181

L03000050099



KEEP
RECEIPT
YOUR R


50

Return Receipt : \$1.75
Certified : \$2.30
Label Serial #: 70000520001686074628

CA 49

attach next

L 03000050099

	
KEEP THIS RECEIPT FOR YOUR RECORDS	
PAY TO:	<i>J. C. Trust Fund</i>
C.O.D. OR USED FOR:	<i>Paid Cash \$50.00</i>
ADDRESS:	
SERIAL NUMBER:	<i>05117016688</i>
YEAR, MONTH, DAY:	<i>2004-01-23</i>