FILED
Jun 11, 2004 8:00 am
Secretary of State
04-22-2004 90359 043 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

MOORE CR2E083 (11/03)

DOCUMENT # L03000050761

1. Entity Name
HURD BROTHERS TREE CARE, LLC

Principal Place of Business	Mailing Address
124 FIRETHORN RD GULF BREEZE FL 32581	124 FIRETHORN RD GULF BREEZE FL 32581

2. Principal Place of Business	3. Mailing Address
124 Firethorn Rd	124 Firethorn Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gulf Breeze FL	City & State: Gulf Breeze Fl
Zip: 32561 Country: US	Zip: 32561 Country: US

4. FEI Number: 61 1463 282 ☐ 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
HURD, EDSON G 124 FIRETHORN RD GULF BREEZE FL 32561	Name: Erin Kane Hurd Street Address (P.O. Box Number is Not Acceptable): 124 Firethorn Rd City: Gulf Breeze FL Zip Code: 32561

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: Erin Kane Hurd Erin Kane Hurd — 4-15-04
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 Florida Department of State
Due By May 1, 2004

mGMR 50% owner

50% owner (crossed out)

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: Owner NAME: Edson Gene Hurd MGMR STREET ADDRESS: 125 Firethorn Rd CITY-ST-ZIP: Gulf Breeze Fl. 32561	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: [illegible, crossed out] NAME: [illegible, crossed out] STREET ADDRESS: [illegible, crossed out] CITY-ST-ZIP: [illegible, crossed out] 32561	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Edson G Hurd Edson G Hurd 4/15/04 850-934-1820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #