

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006958

FILED
May 07, 2007
Secretary of State

Entity Name: JUSTIN TREE SERVICE, LLC

Current Principal Place of Business:

4609 SELMA STREET
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

4411 BEE RIDGE ROAD
PMB #102
SARASOTA, FL 34233

New Mailing Address:

4609 SELMA STREET
SARASOTA, FL 34232

FEI Number: 54-2145445 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NAPOLITANO, JOHN E ESQ.
100 WALLACE AVENUE
SUITE 240
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

STILLWAGNER, JUSTIN R
4609 SELMA STREET
SARASOTA, FL 34232 US

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: JUSTIN R STILLWAGNER

05/07/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STILLWAGNER, JUSTIN R
Address: 4609 SELMA STREET
City-St-Zip: SARASOTA, FL 34232

Title: MGRM (X) Delete
Name: STILLWAGNER, CHRISTINA A
Address: 4609 SELMA STREET
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES:

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

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

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: JUSTIN R STILLWAGNER

MGRM

05/07/2007

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