

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000009667

Entity Name: TJ'S TREE SERVICE, LLC

FILED
Oct 29, 2009
Secretary of State

Current Principal Place of Business:

17435 JESSAMINE RD
DADE CITY, FL 33523

New Principal Place of Business:

Current Mailing Address:

350 LADDIE KENNEDY RD
REIDSVILLE, GA 30453

New Mailing Address:

FEI Number: 80-0418227 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

STINSON, TIMOTHY
17435 JESSAMINE RD
DADE CITY, FL 33523 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: TIMOTHY STINSON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STINSON, TIMOTHY
Address: 350 LADDIE KENNEDY RD
City-St-Zip: REIDSVILLE, GA 30453

Title: MGRM () Delete
Name: STINSON, TIMOTHY J
Address: 10001 US HWY 98
City-St-Zip: DADE CITY, FL 33523

Title: MGRM () Delete
Name: STINSON, MARSHAL
Address: 630 LADDIE KENNEDY RD
City-St-Zip: REIDSVILLE, GA 30453

ADDITIONS/CHANGES:

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

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: TIMOTHY STINSON

MGR

10/29/2009

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