

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000012524

1. Entity Name
WALKER EXOTIC TREE ERADICATION & MITIGATION
LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 15 PM 3:36

Principal Place of Business
6900 ANTHURIUM LANE
NAPLES, FL 34113

Mailing Address
6900 ANTHURIUM LANE
NAPLES, FL 34113



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11012006 Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3584974

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALKER, TERRY
6900 ANTHURIUM LANE
NAPLES, FL 34113

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 15, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME Terry Walker MGRM ☐ Delete
STREET ADDRESS 6900 Anthurium Lane
CITY-ST-ZIP Naples, FL 34113

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100081866771
CITY-ST-ZIP 11/16/06--01063--016 **50.00

TITLE
NAME Patrick Walker MGRM ☐ Delete
STREET ADDRESS 1977 San Marco Rd
CITY-ST-ZIP Marco, FL 34145

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Terry Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

11/09/06