

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-29-2006 90022 018 ****55.00

DOCUMENT # L04000015755

1. Entity Name
JUAN SANCHEZ TREE SERVICE LLC



Principal Place of Business
**14730 HAYS RD
SPINGHILL, FL 34610**

Mailing Address
**14730 HAYS RD
SPINGHILL, FL 34610**

30004700



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03022006

Chg-LLC

CR2E083 (11/05)

4. FEI Number
APPLIED FOR

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

**SANCHEZ, JUAN
14730 HAYS RD
SPINGHILL, FL 34610**

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 May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SANCHEZ, JUAN
14730 HAYS RD
SPINGHILL, FL 34610** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SANCHEZ, VERANICE
14730 HAYS RD
SPINGHILL, FL 34610** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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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 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:

Veranice Sanchez

3-24-06 (727) 889-2994

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

Date

Daytime Phone #

Apr 06 06 11:38a

R Blain Sanford CPA PA

(813) 931-4812

P.1

FROM : JUAN SANCHEZ TREE SERVICE

Sep. 13 2004 05:11PM P1



Department of the Treasury
Internal Revenue Service

P.O. BOX 9003

HOLTSVILLE NY 11742-9003

ATTACHMENT

30004700
#1040000015755

In reply refer to: 0132662803

Sep. 09, 2004 LTR 147C

73-1704923 000000 00 000

00928

BODC: SB

JUAN SANCHEZ TREE SERVICE L L C
SANCHEZ JUAN SOLE MBR
14730 HAYS RD
SPRINGHILL FL 34610-3821309

Employer Identification Number: 73-1704923

Dear Taxpayer:

Thank you for the inquiry dated Aug. 24, 2004.

We found an Employer Identification Number for your entity on our system, therefore we will not be validating the EIN you applied for on our internet web site. Please use the following EIN already assigned to your entity: 73-1704923.

If you have any questions, please call us toll free at 1-800-829-4933.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,

Bonnie Fuentes

Bonnie Fuentes
Department Mgr. EIN 3

Enclosure(s):
Copy of this letter