



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000019564		
1. Entity Name HAMIL'S CITRUS TREE REMOVAL LLC		
Principal Place of Business 19490 MARSHALL FIELD RD. SW LABELLE, FL 33935		Mailing Address 19490 MARSHALL FIELD RD. SW LABELLE, FL 33935
DO NOT WRITE IN THIS SPACE		
		 01302007No Chg-LLC CR2E083 (11/05)
4. FEI Number 27-0090281		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
HAMIL, JON S 19490 MARSHALL FIELD RD. SW LABELLE, FL 33935		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JON, HAMIL S 19490 MARSHALL FIELD RD. SW LABELLE, FL 33935	DO NOT WRITE IN THIS SPACE
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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: <u><i>Jon S. Hamil</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		