**2005 LIMITED LIABILITY COMPANY** 

SIGNATURE:

ED OR PRINTED NA

## Feb 25, 2005 8:00 am · -ANNUAL REPORT (AR) **Secretary of State** DOCUMENT # L04000019698 01-26-2005 90062 028 \*\*\*\*50.00 1. Entity Name BROWN'S TREE SERVICE, L.L.C. Principal Place of Business Mailing Address 22904-75TH AVENUE EAST BRADENTON FL 34211 22904-75TH AVENUE EAST BRADENTON FL 34211 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/04) Applied For City & State City & State 4. FEI Number Not Applicable Zio Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBINSON, LAYON F II 442 OLD MAIN STREET BRADENTON FL 34205 Street Address (P.O. Box Number is Not Acceptable) City 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. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MILE MGR DISE Delete Change ☐ Addition NAME JOHN WESLEY BROWN, III NAME STREET ADDRESS 22904-75TH AVENUE EAST STREET ADDRESS CITY-ST- 7P **BRADENTON FL 34211** CITY-ST-ZIP TITLE Delete HILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1ITLE ☐ Delate fill f ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY:ST:ZIP CIY-SI-7IP -TITLE ☐ Delete TITLE Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-51-71P CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP MLE Delete TITLE ☐ Change ■ Addition NAME MAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and shar my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED