

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 06, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000021185

1. Entity Name

DAUGHTRY TREE SERVICE, LLC



Principal Place of Business

26106 NW 3RD AVENUE
NEWBERRY FL 32669
US

Mailing Address

26106 NW 3RD AVENUE
NEWBERRY FL 32669
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-0880693

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

DAUGHTRY, GERALD E
26106 NW 3RD AVENUE
NEWBERRY FL 32669

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 *Gerald E. Daughtry MGRM*

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME DAUGHTRY, GERALD E
STREET ADDRESS 26106 NW 3RD AVENUE
CITY-ST-ZIP NEWBERRY FL 32669

TITLE ☐ Change ☐ Addition
NAME 00000005210
STREET ADDRESS 02/14/07-80067-003 50.00
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME DAUGHTRY, SANDRA L
STREET ADDRESS 26106 NW 3RD AVENUE
CITY-ST-ZIP NEWBERRY FL 32669

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Gerald E. Daughtry*

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

2-5-07

352-472-2465

Date

Daytime Phone #