

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000022966

1. Entity Name
LEWIS BROTHERS TREE SERVICE, LLC



Principal Place of Business
1740 MUSCOGEE RD
CANTONMENT, FL 32533

Mailing Address
1740 MUSCOGEE RD
CANTONMENT, FL 32533



03262008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0898769

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LEWIS, CORNELIUS R
1740 MUSCOGEE RD
CANTONMENT, FL 32533

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME LEWIS, CORNELIUS R
STREET ADDRESS 1740 MUSCOGEE RD
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE MGR
NAME ENGLAND, BENJAMIN
STREET ADDRESS 514 BENJULYN RD
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE MGR
NAME SMITH, RICHARD
STREET ADDRESS 967 EL CAMINO RD
CITY-ST-ZIP CANTONMENT, FL 32533

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

C. R. Lewis

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

5-30-08 850-968-2430

Date

Daytime Phone #