

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000048831

**Entity Name:** SIGNATURE TREE CARE, LLC

**FILED**  
**Jan 11, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

4911 SYCAMORE DRIVE  
NAPLES, FL 34119 US

**New Principal Place of Business:**

481 10TH AVE NE  
NAPLES, FL 34120 US

**Current Mailing Address:**

4911 SYCAMORE DRIVE  
NAPLES, FL 34119 US

**New Mailing Address:**

481 10TH AVE NE  
NAPLES, FL 34120 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ORLIKOFF, IAN E  
4911 SYCAMORE DRIVE  
NAPLES, FL 34119 US

**Name and Address of New Registered Agent:**

ORLIKOFF, IAN E  
481 10TH AVE NE  
NAPLES, FL 34120 US

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.

SIGNATURE: IAN ORLIKOFF

01/11/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:  Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM  Change  Addition  
Name: ORLIKOFF, IAN E  
Address: 481 10TH AVE NE  
City-St-Zip: NAPLES, FL 34120 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: IAN ORLIKOFF

MGRM

01/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date