

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90148 030 ****50.00

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01192006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L04000054414 1. Entity Name JASON & JASON TREE SERVICE, LLC					
Principal Place of Business 2065 W. NINE MILE ROAD, APT. #4 PENSACOLA, FL 32534			Mailing Address 2065 W. NINE MILE ROAD, APT. #4 PENSACOLA, FL 32534		
2. Principal Place of Business <i>1052 Capitol Blvd.</i> Suite, Apt. #, etc.		3. Mailing Address <i>1052 Capitol Blvd</i> Suite, Apt. #, etc.			
City & State <i>Pensacola FL</i> Zip <i>32505</i> Country <i>USA</i>		City & State <i>Pensacola FL</i> Zip <i>32505</i> Country <i>USA</i>		4. FEI Number 13-4284050	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MCGOWAN, FAITH N 2065 W. NINE MILE ROAD, APT. #4 PENSACOLA, FL 32534			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>1052 Capitol Blvd.</i> City <i>Pensacola</i> <i>FL</i> Zip Code <i>32505</i>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCGOWAN, JASON 2065 W. NINE MILE ROAD, APT. #4 PENSACOLA, FL 32534	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1052 Capitol Blvd</i> <i>Pensacola, FL 32505</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOSTER, JASON 1099 WELL LINE ROAD CANTONMENT, FL 32533	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1052 Capitol Blvd.</i> <i>Pensacola, FL 32505</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i>			Date <i>1/27/06</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					