

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054414

FILED
Jul 14, 2008
Secretary of State

Entity Name: JASON & JASON TREE SERVICE, LLC

Current Principal Place of Business:

1052 CAPITOL BLVD.
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

1052 CAPITOL BLVD.
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 13-4284050 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCGOWAN, FAITH N
1052 CAPITOL BLVD.
PENSACOLA, FL 32534 US

Name and Address of New Registered Agent:

MCGOWAN, FAITH N
1052 CAPITOL BLVD.
PENSACOLA, FL 32505 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: FAITH MCGOWAN

07/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCGOWAN, JASON
Address: 1052 CAPITOL BLVD.
City-St-Zip: PENSACOLA, FL 32505

Title: MGRM () Delete
Name: FOSTER, JASON
Address: 1052 CAPITOL BLVD.
City-St-Zip: PENSACOLA, FL 32505

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MCGOWAN, FAITH
Address: 1052 CAPITOL BLVD.
City-St-Zip: PENSACOLA, FL 32505

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: JASON MCGOWAN

MR

07/14/2008

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