

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000075131	
1. Entity Name PREMIER TREE SERVICE LLC	



FILED
2005 JAN 13 PM 1:02
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business 7084 OX BOW ROAD TALLAHASSEE, FL 32312	Mailing Address 7084 OX BOW ROAD TALLAHASSEE, FL 32312
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2. Principal Place of Business 7084 Ox Bow Road Suite, Apt. #, etc.	3. Mailing Address 7084 Ox Bow Road Suite, Apt. #, etc.
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01102005 Chg-LLC CR2E083 (10/03)

City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32312	Zip 32312
Country USA	Country USA

4. FEI Number 14-1916361	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent MUSIL, CAMERON 7084 OX BOW ROAD TALLAHASSEE, FL 32312	
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUSIL, CAMERON 7084 OX BOW ROAD TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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01/20/05--01043--006 **50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Cameron Musil* **1/10/05** **850.443.0082**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #