

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088481

FILED  
Jun 29, 2005  
Secretary of State

Entity Name: ALL VOLUSIA TREE SERVICE, LLC

**Current Principal Place of Business:**

1800 PIONEER TRAIL  
NEW SMYRNA, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

199 AFTON SQUARE APT. 209  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 20-0987593      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:**

ROSECRANS, BRYAN  
199 AFTON SQUARE APT 209  
ALTAMONTE SPRINGS, FL 32714      US

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

ROSECRANS, BRYAN N  
199 AFTON SQUARE APT 209  
ALTAMONTE SPRINGS, FL 32714      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: BRYAN N. ROSECRANS

06/29/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: ROSECRANS, BRYAN  
Address: 199 AFTON SQUARE APT. 209  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: ROSECRANS, BRYAN N  
Address: 199 AFTON SQUARE APT. 209  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRYAN N ROSECRANS

MGRM

06/29/2005

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