## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Secretary of State **DOCUMENT # L04000092818** 1. Entity Name GULF COAST TREE SERVICE LLC 07-29-2005 90082 038 \*\*\*\*55.00 Principal Place of Business Mailing Address 4141 W. JACKSON ST. 4141 W. JACKSON ST. 14013063 PENSACOLA, FL 32505 PENSACOLA, FL 32505 US 07212005 Chg-LLC CR2E083 (10/03) X Applied For 4. FEI Number 37P/ Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent WALKER, THOMAS A OWNER Street Address (P.O. Box Number is Not Acceptable) 4141 W. JACKSON ST. PENSACOLA, FL 32505 City 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. <u>anas</u> SIGNATURI (NOTE: Registered Agent algosture required when reinstating) Make check payable to Filing Fee is \$50.00 Due by September 7, 2005 Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGR Change ☐ Addition TITLE ☐ Delete TITLE WALKER, THOMAS A OWNER NAME NAME STREET ADDRESS 500 S. 2ND ST. STREET ADDRESS PENSACOLA, FL 32505 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TIBE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 cath; 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.

MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Jul 29, 2005 8:00 am

Deytime Phone 8

Date