FILED
Mar 11, 2005 8:00 am
Secretary of State
02-03-2005 90114 034 ****10.00
03-11-2005 90055 044 ****40.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L04000093326

1. Entity Name
DEAN TRACTOR AND TREE, LLC

DO NOT WRITE IN THIS SPACE

20020057

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
8256 LUCENA ST Suite, Apt. #, etc.	8256 LUCENA ST Suite, Apt. #, etc.	
City & State: NAVARRE, FL Zip: 32566 Country: SANTA ROSA	City & State: NAVARRE, FL Zip: 32566 Country: SANTA ROSA	4. FEI Number: 20-1987589 ☐ Applied For ☐ Not Applicable 5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: TIMOTHY M. DEAN
Street Address (P.O. Box Number is Not Acceptable): 8256 LUCENA STREET
City: NAVARRE FL Zip Code: 32566

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: Timothy M Dean DATE: Jan 27 05
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM NAME TIMOTHY M. DEAN STREET ADDRESS 8256 LUCENA ST CITY-ST-ZIP NAVARRE, FL 32566		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE MGR NAME MARSHALL S. DEAN STREET ADDRESS 8256 LUCENA ST. CITY-ST-ZIP NAVARRE, FL 32566		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE MGR NAME CHRISTOPHER DEAN LOWE STREET ADDRESS 192 U. CONSTITUTION DRIVE CITY-ST-ZIP NAVARRE, FL 32566		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE**
TITLE MGR NAME REND EVAN DAY STREET ADDRESS 8264 LUCENA ST CITY-ST-ZIP NAVARRE, FL 32566		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E083B (12/02)

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: Timothy M. Dean Date: Jan 27 05 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE