

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90039 040 ****50.00

DOCUMENT # L05000011289

1. Entity Name

JOHN'S TREE TRIMMING, LLC



Principal Place of Business

7268 GRIFFIN ROAD
BROOKSVILLE FL 34601

Mailing Address

7268 GRIFFIN ROAD
BROOKSVILLE FL 34601



2. Principal Place of Business

980 Moonlight Ln

3. Mailing Address

980 Moonlight Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Brooksville, FL

City & State

Brooksville, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

34601

Country

USA

Zip

34601

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME THEODORE, JOHN T
STREET ADDRESS 7268 GRIFFIN ROAD
CITY- ST- ZIP BROOKSVILLE FL 34601

TITLE MGR ☐ Delete
NAME THEODORE, ANGEL D
STREET ADDRESS 7268 GRIFFIN ROAD
CITY- ST- ZIP BROOKSVILLE FL 34601

TITLE ST ☐ Delete
NAME THEODORE, ANGEL D
STREET ADDRESS 7268 GRIFFIN ROAD
CITY- ST- ZIP BROOKSVILLE FL 34601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME THEODORE, JOHN T.
STREET ADDRESS 980 MOONLIGHT LN.
CITY- ST- ZIP BROOKSVILLE, FL 34601

TITLE MGR ☒ Change ☐ Addition
NAME THEODORE, ANGEL D.
STREET ADDRESS 980 MOONLIGHT LN.
CITY- ST- ZIP BROOKSVILLE, FL 34601

TITLE ST ☐ Change ☐ Addition
NAME THEODORE, ANGEL D.
STREET ADDRESS 980 MOONLIGHT LN.
CITY- ST- ZIP BROOKSVILLE, FL 34601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 606, Florida Statutes.

SIGNATURE:

Angel D. Theodore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/21/06

352-797-1418

Date

Daytime Phone #