


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000032076	
1. Entity Name NELSON'S TREE SERVICE LLC	

Principal Place of Business 7234 TURNER ST. TALLAHASSEE, FL 32311	Mailing Address 7234 TURNER ST. TALLAHASSEE, FL 32311
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2. Principal Place of Business - No P.O. Box # 1409 Paul Thompson Rd	3. Mailing Address 1409 Paul Thompson Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Monticello, FL	City & State Monticello, FL
Zip 32344	Zip 32344
Country US	Country US

FILED
07 JAN 11 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01112007 Chg-LLC CR2E083 (12/06)

4. FEI Number 76-0812584	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NELSON, ROBERT F 7234 TURNER ST. TALLAHASSEE, FL 32311	7. Name and Address of New Registered Agent Name Robert Nelson Street Address (P.O. Box Number is Not Acceptable) 1409 Paul Thompson Rd City Monticello FL Zip Code 32344
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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, 2007	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 NELSON, ROBERT F 7234 TURNER ST. TALLAHASSEE, FL 32311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500085646715 01/23/07--01006--007 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 608, Florida Statutes.

SIGNATURE: Robert Nelson Jan. 11, 06 850 322-6356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #