2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

FILED **DOCUMENT # L05000032076** 1. Entity Name **NELSON'S TREE SERVICE LLC** 08 MAR 27 PM 2: 16 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1409 PAUL THOMPSON ROAD 1409 PAUL THOMPSON ROAD MONTICELLO, FL 32344 MONTICELLO, FL 32344 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 76-0812584 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NELSON, ROBERT F 1409 PAUL THOMPSON ROAD Street Address (P.O. Box Number is Not Acceptable) MONTICELLO, FL 32344 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM TITLE Change ☐ Delete NELSON, ROBERT F NAME NAME 000121456600 STREET ADDRESS 7234 TURNER ST. STREET ADDRESS 03/27/08--01035--013 **138.75 CITY-ST-ZIP TALLAHASSEE, FL 32311 CITY - ST- ZIP Addition ☐ Delete TITLE ☐ Change TITT F NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

March 27, 08.