

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000032076

1. Entity Name
NELSON'S TREE SERVICE LLC



FILED

12 OCT -1 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1409 PAUL THOMPSON ROAD
MONTICELLO, FL 32344

Mailing Address
1409 PAUL THOMPSON ROAD
MONTICELLO, FL 32344

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

10012012 REIN-LLC

CR2E101 (12/11)

12

4. FEI Number
76-0812584

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NELSON, ROBERT F
1409 PAUL THOMPSON ROAD
MONTICELLO, FL 32344

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

Robert Nelson

(NOTE: Registered Agent signature required when reinstating)

DATE

OCT 1, 2012

FILE NOW!!! FEE IS \$238.75
After January 1, 2013, Fee will be \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME NELSON, ROBERT F
STREET ADDRESS 1409 PAUL THOMPSON ROAD
CITY- ST- ZIP MONTICELLO, FL 32344

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

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

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

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REINSTATEMENT

900240290519
10/02/12--01001--003 **238.75

B. BOSTICK

OCT - 1 2012

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

OCT 1, 2012

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

E-MAIL ADDRESS