2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # L05000051933 1. Entity Name HOOVER'S QUALITY TREE SERVICE LTD. CO.			04-30-2007 90043 048 ****50.00				
Principal Place of Business 1866 VICTORY PALM CR. EDGEWATER, FL 32141		Mailing Address 1866 VICTORY PALM CR. EDGEWATER, FL 32141					
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.	·		Chg-LLC	CR2E083 (12/06)		
City & State	City & State			per 15649		plied For t Applicable	
Zip Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required				
6. Name and Address of Cu	rrent Registered Agent	Name	7. Name and	d Address of New R	Registered Agent		
HOOVER, THOMAS E SR 1866 VICTORY PALM CR. EDGEWATER, FL 32141			Street Address (P.O. Box Number is Not Acceptable)				
				FL Zip Code			
The above named entity submits this statem the obligations of registered agent.	ent for the purpose of changing its	I registered office or regist	tered agent, or bo	oth, in the State of Fk		and accept	
SIGNATURE Signature, typed or printed name of registered	agent and title if applicable. (NOTE	: Registered Agent signature requi	red when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007					te check payable to a Department of State	9	
9. MANAGING M	EMBERS/MANAGERS	10.		ADDITIONS	/CHANGES		
TITLE MGRM NAME HOOVER, THOMAS E SR STREET ADDRESS 1866 VICTORY PALM CR. CITY-ST-ZIP EDGEWATER, FL 32141	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
NAME HOOVER, THOMAS E JR STREET ADDRESS CITY-ST-ZIP EDGEWATER, FL 32141	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
NAME HOOVER, STEPHANIE Y STREET ADDRESS CITY-SI-ZIP EDGEWATER, FL 32141	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	HITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP 11. hereby certify that the information supplie	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	nd in Chapter 119	i Florida Statutas I f	Change	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: Stephanie Y. HOUR 4-16-07 386)424-0333
SIGNATURE AND TYPES OF PRINTED HAME OF SUSSIING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Propos