

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000057633**

1. Entity Name  
**ALPO'S TREE SERVICE, LLC**



Principal Place of Business

**709 BLUE JAY AVE  
MARIANNA, FL 32448**

Mailing Address

**709 BLUE JAY AVE  
MARIANNA, FL 32448**

**DO NOT WRITE IN THIS SPACE**



01072008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**20-3045055**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LANEY, ROGER L III  
1378 N RAILROAD AVE  
CHIPLEY, FL 32428**

**DO NOT WRITE  
IN THIS SPACE**

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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YORK, ALTA P.O. BOX 449 MARIANNA, FL 32447
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U000000870425  
04/09/08-80083-021 138.75

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

*Alta R York f.*

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

*3-25-08 850-338-0154*

Date

Daytime Phone #