

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

04-18-2006 90010 041 ****50.00

DOCUMENT # L05000064434					
1. Entity Name ROBERT CHANDLER TREE SERVICE LLC					
Principal Place of Business 10490 N.W. 215 LANE ROAD MICANOPY, FL 32667			Mailing Address 10490 N.W. 215 LANE ROAD MICANOPY, FL 32667		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04042006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 830433412				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CHANDLER, ROBERT B SR. 10490 N.W. 215 LANE ROAD MICANOPY, FL 32667			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when requesting)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		DATE	
9. MANAGING MEMBERS / MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBERT B. CHANDLER ☐ Delete 10490 NW 215 LN. RD. MICANOPY FL 32667				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ☐ Delete FRANCES A. CHANDLER 10490 NW 215 LN. RD. MICANOPY, FL 32667				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: Robert Chandler 4/7/06 466-4742 (352)					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					