

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064434

FILED
Apr 29, 2009
Secretary of State

Entity Name: ROBERT CHANDLER TREE SERVICE LLC

Current Principal Place of Business:

10490 N.W. 215 LANE ROAD
MICANOPY, FL 32667

New Principal Place of Business:

Current Mailing Address:

10490 N.W. 215 LANE ROAD
MICANOPY, FL 32667

New Mailing Address:

FEI Number: 83-0433412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHANDLER, ROBERT B SR.
10490 N.W. 215 LANE ROAD
MICANOPY, FL 32667 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: CHANDLER, ROBERT B
Address: 10490 NW 215TH LN RD
City-St-Zip: MICANOPY, FL 32667

Title: VP () Delete
Name: CHANDLER, FRANCES A
Address: 10490 NW 215TH LN RD
City-St-Zip: MICANOPY, FL 32667

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 B. CHANDLER

P

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date