


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

05-22-2007 90179 006 \*\*\*\*50.00

<b>DOCUMENT # L05000065099</b> 1. Entity Name <b>KATTALE TREE TRIMMING LLC</b>																													
Principal Place of Business <b>466 SW KESTOR DRIVE PORT SAINT LUCIE FL 34953</b>			Mailing Address <b>466 SW KESTOR DRIVE PORT SAINT LUCIE FL 34953</b>																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <div style="text-align: center;"><b>NO-T APPLICABLE</b></div> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		6. Name and Address of Current Registered Agent  <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <b>WATSON, DAVID ADAM 466 SW KESTOR DRIVE PORT SAINT LUCIE FL 34953</b> </div>																											
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reinstating) Signature, typed or printed name of registered agent and title if applicable.      DATE																											
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>		9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WATSON, DAVID ADAM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>466 SW KESTOR DRIVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PORT SAINT LUCIE FL 34953</td> <td></td> </tr> </table>				TITLE	NAME	<input type="checkbox"/> Delete	NAME	WATSON, DAVID ADAM		STREET ADDRESS	466 SW KESTOR DRIVE		CITY - ST - ZIP	PORT SAINT LUCIE FL 34953													
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.																													
<b>SIGNATURE:</b> <i>David A. Watson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date: <b>5/8/07</b> Daytime Phone #: <b>(772) 201-3562</b>																									