

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000068094

**FILED**  
**Dec 08, 2006**  
**Secretary of State**

**Entity Name:** ARBOR CARE TREE SERVICE LLC

**Current Principal Place of Business:**

1508 NW 154 ST  
NEWBERRY, FL 32669

**New Principal Place of Business:**

**Current Mailing Address:**

1508 NW 154 ST  
NEWBERRY, FL 32669

**New Mailing Address:**

19192 NW 212 STREET  
HIGH SPRINGS, FL 32643

**FEI Number:** 20-3133223

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ENGLEHORN, KELLY  
1508 NW 154 ST  
NEWBERRY, FL 32669 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:** KELLY ANN ENGELHORN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** ENGLEHORN, KELLY  
**Address:** 1508 NW 154 ST  
**City-St-Zip:** NEWBERRY, FL 32669

**Title:** MGR ( ) Delete  
**Name:** ENGLEHORN, GARY  
**Address:** 1510 NE DUGGER ST  
**City-St-Zip:** HIGH SPRINGS, FL 32669

**ADDITIONS/CHANGES:**

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

**Title:** MGR (X) Change ( ) Addition  
**Name:** ENGLEHORN, GARY  
**Address:** 1608 NW 154 STREET  
**City-St-Zip:** NEWBERRY, FL 32669

I hereby certify that the information supplied with this filing does not qualify for the 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:** GARY ENGELHORN

MGR

12/08/2006

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