


FILED
May 02, 2006 8:00 am
Secretary of State

DOCUMENT # L05000074624
1. Entity Name
UNLIMITED TREE EXPERTS L.L.C.



Principal Place of Business	Mailing Address
156 BAYPINE DR. CRAWFORDVILLE, FL 32327	156 BAYPINE DR. CRAWFORDVILLE, FL 32327

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent		
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POPE, CHRISTINA 6 ARIKARA DR. CRAWFORDVILLE, FL 32327	Name
	Street Address
	City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required for all registrations.)

<p>Filing Fee is \$50.00 Due by May 1, 2006</p>	
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9.	MANAGING MEMBERS/MANAGERS	10.
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TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	
NAME	HUDSON, MARLON		NAME	
STREET ADDRESS	156 BAYPINE DR.		STREET ADDRESS	
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327		CITY - ST - ZIP	

TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	
NAME	POPE, RICHARD		NAME	
STREET ADDRESS	6 ARIKARA DR.		STREET ADDRESS	
CITY - ST - ZIP	CRAWFORDVILLE, FL 32327		CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY - ST - ZIP		CITY - ST - ZIP

CITY, ST, ZIP		CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

CITY, ST, ZIP		CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP

CITY-ST-ZIP		CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Rule 201(e) of the Securities Exchange Act of 1934, and that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if I were an officer or director of the issuer of the securities of this issuer or a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 9 of the Securities Exchange Act of 1934.

SIGNATURE: Royanne R. Hulsan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



04282006 Chq-LLC CR2E083 (11/05)

4. FEI Number	<input checked="" type="checkbox"/> Applied For
	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent

FL	Zip Code
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ured agent, or both, in the State of Florida. I am familiar with, and accept

DATE

**Make check payable to
Florida Department of State**

ADDITIONS/CHANGES

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

I in Chapter 119, Florida Statutes. I further certify that the information made under oath; that I am a managing member or manager of the Chapter 608, Florida Statutes.

4-28-06 519-8700