

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000090263

1. Entity Name

**M.A. DIMARIA TREE SERVICE AND PROPERTY
MAINTENANCE, LLC**



Principal Place of Business

**4002 HUDSON TERRACE
TAMPA, FL 33618**

Mailing Address

**P.O. BOX 273093
TAMPA, FL 33688 US**



04242008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3478166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DIMARIA, MARK A
4002 HUDSON TERRACE
TAMPA, FL 33618**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000946959
05/30/08-80069-022 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGR
DIMARIA, MARK A
P.O. BOX 273093
TAMPA, FL 33688**

TITLE
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STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5-1-08

Date

8139617656

Daytime Phone #