## L05000101257

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OF MAY -3 PM 2: 58

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: J & D Tree Service, LLC (Name of I	Limited Liability Company)
(0.111110 01	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Michael L. Crofts	
(Name of Person)	
Michael L. Crofts, P. A.  (Firm/Company)	06 HAY -3 PH 2:58
(FunivCompany)	P P
P. O. Box 915505 (Address)	
(Addiess)	<b>o</b>
Longwood, FL 32791-5505	
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
Michael L. Crofts	at (407 ) 682-1043
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	ng amount:
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent, or oom, in the blue	J			
1. The name of the limite	ed liability company is	S: J & D Tree Service, LLC		
2. The mailing address o	f the limited liability of	company is :		
3611 Dagon St, Orlando, F	L 32806			
October 13, 2005			L05000101257	
3. Date of filing/registrat	ion in Florida	4. Document numbe	r	
5. The name of the register Florida Department of	ered agent and the reg State:	istered office address as shown on t	he records of the	
	Youssif Mouad			
	0044 B	Name		
	3611 Dagon St	A delugas		
	Orlando, FL 32806	Address	,	
		, State and Zip	96	
6. The name and address	•	•	OS MAY	
o. The name and address	of the new registered	agent and of office.	Y SEE	
	Donald Gibbs		OF CONTRACTOR	
	0500 0 1 01 1	Name	PM 2: 58	
	2520 Dawley Street		? \$\frac{1}{2}\$	
	Florida street addre	ss (P.O. Box NOT acceptable)	5 S	
	Orlando	F <u>L</u> 32806	. 0,	
	City,	State and Zip		
and the business office of liability company, it is he	hange or changes are the registered agent were that the reby confirmed that the nited liability companity of the limited liability.		the registered office a Florida limited y an affirmative vote	
Donald Gibbs				
(Printed or typed name of signee)	)			
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered as of all statules relati d accept the obligatio this document is being that the limited liabil	agent and agree to act in this capac we to the proper and complete perfo was of my position as registered age of filed to merely reflect a change in lity company has been notified in wi	rity. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00