


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000105525</b> 1. Entity Name <b>LUCINDO &amp; ROMEL TREE SERVICE LLC</b>	
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Principal Place of Business <b>11330 TOPAZ ST. SPRING HILL FL 34608</b>	Mailing Address <b>11330 TOPAZ ST. SPRING HILL FL 34608</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number <b>43-1862224</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>PROFESSIONAL REFEREES ON SKATES 5170 ROBLE AVE. SPRING HILL FL 34608</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
TITLE	MGR	<input type="checkbox"/>
NAM	ALVARADO, LUCINDO	
STREET ADDRESS	11330 TOPAZ ST.	
CITY- ST- ZIP	SPRING HILL FL 34608	
TITLE	MGR	<input type="checkbox"/>
NAM	GARCIA, ROMEL A	
STREET ADDRESS	3114 KEEPORR DR.	
CITY- ST- ZIP	SPRING HILL FL 34609	
TITLE		<input type="checkbox"/>
NAM		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAM		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAM		
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY- ST- ZIP			
	000000659095 03/16/07-80016-011 55.00		
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY- ST- ZIP			
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY- ST- ZIP			
TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY- ST- ZIP			

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.

**SIGNATURE:** Lucindo Alvarado 03-05-07 232-5965

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #