

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000108339

1. Entity Name

PEREZ TREE SERVICE, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV 29 AM 9:23



Principal Place of Business

13435 3RD ST.  
FT. MYERS FL 33905

Mailing Address

13435 3RD ST.  
FT. MYERS FL 33905

2. Principal Place of Business

*SAME*

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, JUAN  
13435 3RD ST.  
FT. MYERS FL 33905

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

10-6-06

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME PEREZ, JUAN  
STREET ADDRESS 13435 3RD ST.  
CITY-ST-ZIP FT. MYERS FL 33905

TITLE MGRM ☒ Delete  
NAME DELONG, LARRY  
STREET ADDRESS 41060 HORSESHOE RD.  
CITY-ST-ZIP PUNTA GORDA FL 33982

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 500082101925  
CITY-ST-ZIP 11/28/06--01036--021 \*\*150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

REINSTATEMENT 2006

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:

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

Date

Daytime Phone #