

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000006127

FILED  
Jan 21, 2008  
Secretary of State

**Entity Name:** SOUTHERN PALMS & TREE SERVICE, LLC

**Current Principal Place of Business:**

PO BOX 82598  
TAMPA, FL 33682

**New Principal Place of Business:**

10816 LEANNE DR.  
TAMPA, FL 33610

**Current Mailing Address:**

PO BOX 82598  
TAMPA, FL 33682

**New Mailing Address:**

FEI Number: 16-1747318

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCBRIDE, JASON  
7307 HERITAGE HILLS APT C  
TAMPA, FL 33617 US

**Name and Address of New Registered Agent:**

MCBRIDE, JASON  
10816 LEANNE DR.  
TAMPA, FL 33610 US

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.

SIGNATURE: JASON LEE MCBRIDE

01/21/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCBRIDE, JASON  
Address: 7307 HERITAGE HILLS APT C  
City-St-Zip: TAMPA, FL 33617

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MCBRIDE, JASON  
Address: 10816 LEANNE DR.  
City-St-Zip: TAMPA, FL 33610

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JASON LEE MCBRIDE

MGRM

01/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date