2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/21/2007-90048-016-$50.00-$50.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000013456

1. Entity Name:
DEPENDABLE ED STUMP GRINDING , TREE & YARD SERVICE, LLC

Principal Place of Business	Mailing Address
3605 SW 15TH STREET GAINESVILLE FL 32608 US	3605 SW 15TH STREET GAINESVILLE FL 32608 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
3605 SW 15th Street		3605 SW 15th Street	
Suite, Apt. #, etc.: ~~GAINESVILLE FL~~		Suite, Apt. #, etc.: Home	
City & State: GAINESVILLE FL		City & State: GAINESVILLE FL	
Zip: 32603	Country: Aluchua	Zip: 32608	Country: Aluchua

2nd MOORE CR2E083 (4/07)

4. FEI Number: 76-0519990 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KEIG, EDWARD R
3605 SW 15TH STREET
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KEIG, EDWARD R		NAME		
STREET ADDRESS	3605 SW 15TH STREET		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32608		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Edward R Keig AUG 13 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #