

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047456

FILED
Mar 26, 2008
Secretary of State

Entity Name: TIMBER WOLF TREE SERVICE LLC

Current Principal Place of Business:

151P.A. SANDERS RD
SOPCHOPPY, FL 32358

New Principal Place of Business:

140P.A. SANDERS RD
SOPCHOPPY, FL 32358

Current Mailing Address:

151P.A. SANDERS RD
SOPCHOPPY, FL 32358

New Mailing Address:

140P.A. SANDERS RD
SOPCHOPPY, FL 32358

FEI Number: 83-0458687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARREL, JAMES C
140 PA SANDERS RD
SOPCHOPPY, FL 32358 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JAMES C. HARRELL,
Address: 140 PA. SANDERS RD.
City-St-Zip: SOPCHOPPY, FL 32358

Title: MGRM () Delete
Name: WAYNE E. MORGAN,
Address: 151 PA. SANDES RD.
City-St-Zip: SOPCHOPPY, FL 32358

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES HARRELL

MGR

03/26/2008

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