

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000047456

**FILED**  
**May 28, 2010**  
**Secretary of State**

**Entity Name:** TIMBER WOLF TREE SERVICE LLC

**Current Principal Place of Business:**

140P.A. SANDERS RD  
SOPCHOPPY, FL 32358

**New Principal Place of Business:**

**Current Mailing Address:**

140P.A. SANDERS RD  
SOPCHOPPY, FL 32358

**New Mailing Address:**

**FEI Number:** 83-0458687      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

HARREL, JAMES C  
140 PA SANDERS RD  
SOPCHOPPY, FL 32358      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: JAMES C. HARRELL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

I hereby 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 C. HARRELL

MGR

05/28/2010

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