

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000077087

**FILED**  
**Oct 06, 2007**  
**Secretary of State**

**Entity Name:** ACCURATE TREE SERVICE & REMOVAL, LLC

**Current Principal Place of Business:**

1313 S.E. 29TH STREET  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

1313 S.E. 29TH STREET  
CAPE CORAL, FL 33904

**New Mailing Address:**

**FEI Number:** 20-5327083

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** (X)

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

GRAVES, TODD  
1313 S.E. 29TH STREET  
CAPE CORAL, FL 33904 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:** TODD GRAVES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** GRAVES, TODD  
**Address:** 1313 S.E. 29TH STREET  
**City-St-Zip:** CAPE CORAL, FL 33904

**ADDITIONS/CHANGES:**

**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:** TODD GRAVES

MGR

10/06/2007

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