2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 06, 2007 8:00 am
Secretary of State
02-14-2007 90221 014 ****50.00

DOCUMENT # L06000081753

1. Entity Name

SECOND NATURE PROPERTY MAINT. & TREE LLC

Principal Place of Business	Mailing Address
1222 COASTAL HIGHWAY PANACEA FL 32346	1222 COASTAL HIGHWAY PANACEA FL 32346

30001637

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1222 Coastel Highway	
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. Box 202
City & State Panacea. FL. 32346	City & State Panacea, FL.
Zip 32346 County Walkulla	Zip 32346 County Walkulla

1st MOORE CR2E083 (10/06)

4. FEI Number 03-0602816 — Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

PERRY, RAYMOND
1222 COASTAL HIGHWAY
PANACEA FL 32346

7. Name and Address of New Registered Agent

Name Raymond Perry

Street Address (P.O. Box Number is Not Acceptable) P.O. Box 202 - 1222 Coastel Highway

City Panacea FL Zip Code 32346

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 Raymond Perry Owner [signature] 2-5-2007

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 May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PERRY, RAYMOND		NAME		
STREET ADDRESS	P.O. BOX 202		STREET ADDRESS		
CITY-ST-ZIP	PANACEA FL 32346		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
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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 Section 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: Raymond Perry 2-5-2007 cell 528-8284 (850) 984-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #