2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000099842

1. Entity Name
TREE CUTTERS & LAWN MAINTENANCE, LLC

Principal Place of Business	Mailing Address
3152 SAINT JAMES AVENUE DELTONA, FL 32738	3152 SAINT JAMES AVENUE DELTONA, FL 32738

DO NOT WRITE IN THIS SPACE

04132008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-5699160	Not Applicable

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

6. Name and Address of Current Registered Agent

MORRIS, JAMES H
3152 SAINT JAMES AVENUE
DELTONA, FL 32738

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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 $138.75
After May 1, 2008 Fee will be $538.75

U00000901300
04/29/08-80062-018 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MORRIS, JAMES H
STREET ADDRESS	3152 SAINT JAMES AVENUE
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: ✓ _____

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