

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90036 002 ****50.00

DOCUMENT # L06000104875

1. Entity Name

EUGENE GLOVER JR. TREE SERVICES L.L.C.



Principal Place of Business

7498 NW 125 ST RD
REDDICK FL 32686
US

Mailing Address

12830 NW COUNTY HWY 225A
REDDICK FL 32686

2. Principal Place of Business - No P.O. Box #

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

562617509

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLOVER, EUGENE JR
12830 NW COUNTY HWY 225A
REDDICK FL 32686

7. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGR
GLOVER, EUGENE JR
STREET ADDRESS 12830 NW COUNTY HWY 225A
CITY ST ZIP REDDICK FL 32686 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE NAME
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TITLE NAME
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CITY ST ZIP ☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

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TITLE NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/10/07

Date

(352) 591-2391

Daytime Phone #