

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90159 014 \*\*\*138.75

**DOCUMENT # L07000009360**

1. Entity Name  
**SKYFROG TREE SERVICE, LLC**



Principal Place of Business

2635 NW 52ND PL  
GAINESVILLE, FL 32605 US

Mailing Address

2635 NW 52ND PL  
GAINESVILLE, FL 32605 US

**50004807**



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

1000 SW 62nd Blvd.

Suite, Apt. #, etc.

921 D

3. Mailing Address

1000 SW 62nd Blvd.

Suite, Apt. #, etc.

921 D

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32607

Country

USA

Zip

32607

Country

USA

01262008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

83-0471495

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VASQUEZ, JOSEPH D  
2635 NW 52ND PL  
GAINESVILLE, FL 32605

7. Name and Address of New Registered Agent

Name

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

1000 SW 62nd Blvd.

921 D

City

Gainesville

FL

Zip Code

32607

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**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME VASQUEZ, JOSEPH D  
STREET ADDRESS 1000 SW 62ND BOULEVARD, APT. 921 D  
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE MGRM ☒ Delete  
NAME ROTH, BRIAN EDWARD  
STREET ADDRESS 2635 NW 52ND PL  
CITY-ST-ZIP GAINESVILLE, FL 32605

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Joseph Daniel Vasquez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/12/08 (352) 283-2320