

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000043163

FILED  
Mar 10, 2009  
Secretary of State

Entity Name: ALL AMERICAN TREE SERVICE, L.L.C.

**Current Principal Place of Business:**

208 C THIRD STREET  
FORT WALTON BEACH, FL 32548 US

**New Principal Place of Business:**

714 DOYCE DRIVE  
UNIT 1  
FORT WALTON BEACH, FL 32547 US

**Current Mailing Address:**

208 C THIRD STREET  
FORT WALTON BEACH, FL 32548 US

**New Mailing Address:**

FEI Number: 20-8897582      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HELMICH, KEVIN M ESQUIRE  
4481 LEGENDARY DRIVE  
SUITE 200  
DESTIN, FL 32541 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MACHALK, ADAM  
Address: 208 C THIRD STREET  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: MGR ( ) Delete  
Name: CAMPBELL, MATTHEW  
Address: 208 C THIRD STREET  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: CAMPBELL, MATTHEW  
Address: 308 B WOODROW STREET  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

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: ADAM MACHALK

MGR

03/10/2009

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