2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008
Secretary of State

DOCUMENT# L07000075027

Entity Name: TREE RECYCLING OF NORTH FLORIDA, LLC

Current Principal Place of Business:

15616 CR 137
WILLBORNE, FL 32094

New Principal Place of Business:

15616 CR 137
WELLBORN, FL 32094

Current Mailing Address:

15616 CR 137
WILLBORNE, FL 32094

New Mailing Address:

15616 CR 137
WELLBORN, FL 32094

FEI Number: 35-2305965 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 333114132 US

Name and Address of New Registered Agent:

SHIRAH, JOSEPH C
15616 CR 137
WELLBORN, FL 32094 US

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: JOSEPH C. SHIRAH 05/06/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete
Name: SHIRAH, B J
Address: 15616 CR 137
City-St-Zip: WILLBORNE, FL 32094

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: OFC ( ) Change (X) Addition
Name: SHIRAH, JOSEPH C
Address: 15616 CR 137
City-St-Zip: WELLBORN, FL 32094

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: JOSEPH C SHIRAH OFC 05/06/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date