

**LIMITED LIABILITY COMPANY
ANNUAL REPORT**


For Office Use Only

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 MAY 11 PM 3:33

CR2E083B (1/11)

DOCUMENT # LC07000075027	
1. Entity Name Tree Recycling of North Florida, LLC	

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2. Principal Place of Business - No P.O. Box # 15616 CR 137	3. Mailing Address 15616 CR 137
Suite, Apt. #, ect.	Suite, Apt. #, ect.

City & State Wellborn, FL	City & State Wellborn, FL	4. FEI Number 35-2305965	Applied For <input type="checkbox"/> Not Applicable
Zip 32094	Country USA	Zip 32094	Country USA
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			

6. DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name Joseph C. Shirah		
	Street Address (P.O. Box Number is Not Acceptable) 15616 CR 137		
	City Wellborn	FL	Zip Code 32094

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**January 1 - May 1 Fee is \$138.75
After May 1, Fee is \$538.75
Amended AR is \$50.00**

E-mail Address:

tricitytree@windstream.net

To be used for future annual report notices

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE OFF	Joseph C. Shirah 12437 CR 137, Wellborn, FL 32094
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE MGR	Kellie F. Shirah 12437 CR 137 Wellborn, FL 32094
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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NAME	
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CITY-ST-ZIP	

10.

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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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.35, F.S.

SIGNATURE: **Joseph C. Shirah**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5-10-11 386-963-940
Date Daytime Phone#