


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90047 022 ***138.75

DOCUMENT # L07000084062			
1. Entity Name BUBBA TREE SERVICE LLC			
Principal Place of Business 3614 LAKEWOOD DR 3614 LAKEWOOD DR. TALLAHASSEE, FL 32305		Mailing Address 3614 LAKEWOOD DR TALLAHASSEE, FL 32305	
2. Principal Place of Business - No P.O. Box # 3614 LAKEWOOD DR		3. Mailing Address 3614 LAKEWOOD DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TALLAHASSEE FL		City & State TALLAHASSEE FL	
Zip 32305		Zip 32305	
Country USA		Country USA	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FOREHAND, LOYD D 3614 LAKEWOOD DR 3614 LAKEWOOD DR. TALLAHASSEE, FL 32305		Name Loyd D. FOREHAND Street Address (P.O. Box Number is Not Acceptable) 3614 LAKEWOOD DRIVE City TALLAHASSEE FL Zip Code 32305	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FOREHAND, LOYD D 3614 LAKEWOOD DR 3614 LAKEWOOD DR TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FOREHAND Loyd D 3614 LAKEWOOD DR TALLAHASSEE FL 32305 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Loyd D. Forehand</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: <u>1-3-2008</u> Daytime Phone #: <u>850 877 1516</u>	
Loyd D. FOREHAND			