

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000068548

Entity Name: REW TREE CARE, LLC

FILED  
Feb 17, 2009  
Secretary of State

## Current Principal Place of Business:

390 NORTH ORANGE AVE STE 1500  
ORLANDO, FL 32801

## New Principal Place of Business:

1485 INTERNATIONAL PARKWAY  
SUITE 1001  
HEATHROW, FL 32746

## Current Mailing Address:

390 NORTH ORANGE AVE STE 1500  
ORLANDO, FL 32801

## New Mailing Address:

1485 INTERNATIONAL PARKWAY  
SUITE 1001  
HEATHROW, FL 32746

FEI Number: 26-2996705

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LIPSON, GARY D  
390 NORTH ORANGE AVE STE 1500  
ORLANDO, FL 32801 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: LEWIS, MICHAEL E  
Address: 1485 INTERNATIONAL PKWY, SUITE 1001  
City-St-Zip: HEATHROW, FL 32746 US

Title: MGR ( ) Change (X) Addition  
Name: WESLEY, RICHARD E  
Address: 1469 NORTH NEW YORK STREET  
City-St-Zip: SANFORD, FL 32771 US

Title: MGR ( ) Change (X) Addition  
Name: LEWIS, W ROBERT  
Address: 1469 NORTH NEW YORK STREET  
City-St-Zip: SANFORD, FL 32771

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: MICHAEL E LEWIS

MGR

02/17/2009

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