

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000068548

Entity Name: REW TREE CARE, LLC

**FILED**  
**Mar 24, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1485 INTERNATIONAL PARKWAY  
SUITE 1001  
HEATHROW, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

1485 INTERNATIONAL PARKWAY  
SUITE 1001  
HEATHROW, FL 32746

**New Mailing Address:**

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: MGR  
Name: LEWIS, MICHAEL E  
Address: 1485 INTERNATIONAL PKWY, SUITE 1001  
City-St-Zip: HEATHROW, FL 32746 US

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

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

I hereby 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: RICHARD E WESLEY

MGR

03/24/2010

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