

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000098422

**FILED**  
**Aug 30, 2009**  
**Secretary of State**

**Entity Name:** DAVE'S LANDSCAPING TREE TRIMMING, LLC

**Current Principal Place of Business:**

5671 SW 35TH LANE  
OCALA, FL 34474 US

**New Principal Place of Business:**

4822 SW 112TH STREET  
OCALA, FL 34476 US

**Current Mailing Address:**

5671 SW 35TH LANE  
OCALA, FL 34474 US

**New Mailing Address:**

4822 SW 112TH STREET  
OCALA, FL 34476 US

**FEI Number:** 26-3562072      **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:**

BHOLARAM, CHATERAM  
5671 SW 35TH LANE  
OCALA, FL 34474 US

**Name and Address of New Registered Agent:**

BHOLARAM, CHATERAM  
4822 SW 112TH STREET  
OCALA, FL 34476 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: CHATERAM BHOLARAM

08/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BHOLARAM, CHATERAM  
Address: 5671 SW 35TH LANE  
City-St-Zip: Ocala, FL 34474 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BHOLARAM, CHATERAM  
Address: 4822 SW 112TH STREET  
City-St-Zip: Ocala, FL 34476 US

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: CHATERAM BHOLARAM

MGRM

08/30/2009

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