

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M04000003381**

1. Entity Name  
**TERRY TREE SERVICE, LLC**



Principal Place of Business  
**225 BALLANTINE ROAD  
ROCHESTER, NY 14623**

Mailing Address  
**225 BALLANTINE ROAD  
ROCHESTER, NY 14623**



04122005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**16-1488524**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	P
NAME	TERRY, THOMAS III
STREET ADDRESS	1375 CRITTENDEN ROAD
CITY - ST - ZIP	ROCHESTER, NY 14623
TITLE	V
NAME	POPE, TIMOTHY J
STREET ADDRESS	5521 GRAY ROAD
CITY - ST - ZIP	GENESEO, NY 14454
TITLE	ST
NAME	TERRY, DAVID
STREET ADDRESS	21 SPLIT RAIL RUN
CITY - ST - ZIP	PENFIELD, NY 14526
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/25/05-80147-004 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **TIMOTHY J. POPE, VICE-PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

**4-11-2005**

Daytime Phone #