

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # M05000003831

1. Entity Name
**BUSH BROTHERS ENVIRONMENTAL MULCHING &
MOWING LLC**



Principal Place of Business
**724 OLD FACEVILLE ROAD
BAINBRIDGE, GA 39819**

Mailing Address
**724 OLD FACEVILLE ROAD
BAINBRIDGE, GA 39819**



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2453561

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**POPPELL, MELINDA
8643 D.L. CROSBY LANE
TALLAHASSEE, FL 32305**

**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

Melinda Poppell

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/07

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000803357

02/05/08-80048-004 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BUSH, CRAIG
722 OLD FACEVILLE ROAD
BAINBRIDGE, GA 39819**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BUSH, TIM
728 OLD FACEVILLE ROAD
BAINBRIDGE, GA 39819**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Melinda Poppell

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

1/15/07

Date

850-508-3090

Daytime Phone #

143.75