

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000077800

**Entity Name:** ARBOR VISION TREE SERVICES, LLC

**Current Principal Place of Business:**

20838 QUINELLA ST  
ORLANDO, FL 32833

**Current Mailing Address:**

20838 QUINELLA ST  
ORLANDO, FL 32833

**FEI Number: 45-1608036**

**Certificate of Status Desired: No**

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

WRIGHT, CATHY L  
20838 QUINELLA ST  
ORLANDO, FL 32833 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRES  
Name            WRIGHT, CATHY L  
Address        20838 QUINELLA ST  
City-State-Zip: ORLANDO FL 32833

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CATHY L WRIGHT**

**PRESIDENT**

**03/18/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date