

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054349

Entity Name: HERRMANN'S TREE SERVICE, LLC**Current Principal Place of Business:**31131 PASCO RD.
SAN ANTONIO, FL 33576**Current Mailing Address:**31131 PASCO RD.
SAN ANTONIO, FL 33576 US**FEI Number:** 47-2684414**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FOWLER, RITA F
2114 SPRING LAKE HWY
BROOKSVILLE, FL 34602 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:** RITA F. FOWLER

03/31/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title S
Name JOHNSON, NANCY
Address 16307 KALLI WAY
City-State-Zip: DADE CITY FL 33523

Title AMBR
Name HERRMANN, STEPHEN J
Address 31131 PASCO RD
City-State-Zip: SAN ANTONIO FL 33576

Title AMBR
Name HERRMANN, TAYLOR S
Address 31131 PASCO RD
City-State-Zip: SAN ANTONIO FL 33576

Title AMBR
Name HERRMANN, KYE C
Address 31131 PASCO RD
City-State-Zip: SAN ANTONIO FL 33576

Title AMBR
Name HOPKINS, WILLIAM T
Address 33501 PROSPECT ROAD
City-State-Zip: DADE CITY FL 33525

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: NANCY JOHNSON**SECRETARY**

03/31/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date