## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000086741

Entity Name: ARBORIST SOLUTIONS, LLC

**Current Principal Place of Business:** 

1800 THE GREENS WAY #2009

JACKSONVILLE, BEACH, FL 32250

**Current Mailing Address:** 

1800 THE GREENS WAY #2009

JACKSONVILLE, BEACH, FL 32250 US

FEI Number: 27-0857161 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WASHINGTON, DAVID E 1800 THE GREENS WAY #2009 JACKSONVILLE, BEACH, FL 32250 US

SACROCIVILLE, BLACH, 1 L 32230 00

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: DAVID E WASHINGTON 04/29/2018

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title MGRM

Name WASHINGTON, DAVID E Address 1800 THE GREENS WAY

#2009

City-State-Zip: JACKSONVILLE, BEACH FL 32250

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.

**MGRM** 

SIGNATURE: DAVID E WASHINGTON

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 29, 2018

**Secretary of State** 

CC1900029704

Date

04/29/2018