

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000086741

Entity Name: ARBORIST SOLUTIONS, LLC

Current Principal Place of Business:

109 MARSH ISLAND CIRCLE
SAINT AUGUSTINE, FL 32095

Current Mailing Address:

109 MARSH ISLAND CIRCLE
SAINT AUGUSTINE, FL 32095 US

FEI Number: 27-0857161

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WASHINGTON, DAVID E
109 MARSH ISLAND CIRCLE
SAINT AUGUSTINE, FL 32095 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 MGRM
Name WASHINGTON, DAVID E
Address 109 MARSH ISLAND CIRCLE
City-State-Zip: SAINT AUGUSTINE FL 32095

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID E WASHINGTON

MGRM

04/28/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date