

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000112034

Entity Name: TREE PROS PROPERTY SERVICES, LLC**Current Principal Place of Business:**17165 LAKE IOLA ROAD
DADE CITY, FL 33523**Current Mailing Address:**17165 LAKE IOLA ROAD
DADE CITY, FL 33523 US**FEI Number:** 47-4814010**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LESTER, RAY
17165 LAKE IOLA ROAD
DADE CITY, FL 33523 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:** RAY LESTER

01/05/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :**Title** MANAGER, AUTHORIZED MEMBER,
AUTHORIZED REPRESENTATIVE,
PRESIDENT**Name** LESTER, RAY**Address** 17165 LAKE IOLA ROAD**City-State-Zip:** DADE CITY FL 33523**Title** MANAGER**Name** LESTER, HEATHER LYNN**Address** 17165 LAKE IOLA ROAD**City-State-Zip:** DADE CITY FL 33523**Title** MANAGER**Name** LESTER, ANGELICA RAE**Address** 17165 LAKE IOLA ROAD**City-State-Zip:** DADE CITY FL 33523

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: HEATHER LESTER

MANAGER

01/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date