

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000190589

**Entity Name:** ARBORIST DOCTOR, LLC

**Current Principal Place of Business:**

490 PLEASANT OAKS TRL  
OSTEEN, FL 32764

**Current Mailing Address:**

490 PLEASANT OAKS TRL  
OSTEEN, FL 32764

**FEI Number:** 83-1508560

**Certificate of Status Desired:** No

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

STEINBACH, JUSTIN C  
490 PLEASANT OAKS TRL  
OSTEEN, FL 32764 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:** JUSTIN C STEINBACH

02/13/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MANAGER
Name	STEINBACH, JUSTIN C	Name	TERACINO, CATHERINE M
Address	490 PLEASANT OAKS TRL	Address	2602 WILLOW OAK DR
City-State-Zip:	OSTEEN FL 32764	City-State-Zip:	EDGEWATER FL 32141

*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:** STEINBACH JUSTIN C

**OWNER**

02/13/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date