

**2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L18000239278

**Entity Name:** SOUERS TREE SURGERY LLC

**Current Principal Place of Business:**

302 CARSON ST  
LOAMI, IL 62661

**Current Mailing Address:**

302 CARSON ST  
LOAMI, IL 62661 US

**FEI Number:** 83-1483321

**Certificate of Status Desired:** Yes

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

BROWN, JOHN  
302 CARSON ST  
LOAMI, FL 62661 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:** JOHN BROWN

11/15/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                       |                 |                |
|-----------------|-----------------------|-----------------|----------------|
| Title           | MGR                   | Title           | PRESIDENT      |
| Name            | SOUERS, LONNIE        | Name            | BROWN, JOHN    |
| Address         | 8628 DYLAN MICHAEL DR | Address         | 302 CARSON ST  |
| City-State-Zip: | JACKSONVILLE FL 32210 | City-State-Zip: | LOAMI IL 62661 |

*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:** JOHN BROWN

PRESIDENT

11/15/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date