



<https://www.904tree.com/> 904-401-8304

INVOICE:

Address: 5024 Hammock Trail Lake Park, GA 31636

Contact Name: Charles and Chrystal Odom

Number: 229-291-4090

Email: ChrystalOdom@gmail.com

Date of Loss: __9/26/24__ Date of Services Performed: __9/29 to 9/30/24__

Policy# _____ Claim # __1174m766c__ Carrier Name: __State Farm_____

Desk/Field Adjuster info: ___Mr./Mrs. Wilton___972-744-7223

Attached is the Direction to PAY Authorization **Y**/N?

Video's Attached **Y**/N = 4

<https://www.youtube.com/watch?v=QIPzIDXCdiU>

<https://www.youtube.com/watch?v=-mnmQtek-5k>

<https://www.youtube.com/watch?v=M0ZMurSgqlw>

<https://youtu.be/js4IEQQECpE?si=PI1BNYDkEfNUncR->

SERVICES PERFORMED:

- IMMEDIATE REMOVAL OF LARGE TREE ON LEFT SIDE (FROM STREET VIEW) OF HOME ROOF / SEE PICS
- IMMEDIATE REMOVAL OF TREES & TREE LIMBS COVERING ENTRANCE DRIVEWAY (2 FULL TREES AND DOZENS OF LIMBS) / SEE PICS
- IMMEDIATE REMOVAL OF TREE LIMBS IN FRONT YARD OVER WALKWAY THAT WAS HAZARDOUS
- IMMEDIATE DROP/REMOVAL OF TREES LEFT-REAR OF BACK YARD (3 TREES) THAT CRUSHED LEFT REAR METAL FENCE AND WERE BLOCKING/OVERHANGING OVER BACK YARD/DANGEROUS
- IMMEDIATE DROP/REMOVAL OF RIGHT-REAR TREE LIMB OVER BACK YARD DECK/PATIO THAT CRUSHED METAL AND WOODEN FENCE
- REMOVAL OF MOST ALL LIMBS IN THE REAR OF THE PROPERTY (EVEN AFTER PUSHING SOME TOWARDS LAKE, CUTTING THE NEIGHBOR'S METAL FENCE DOWN TO ACCESS THEM).
- CLEANING OF ALL LIMBS/DEBRIS FROM ALL WALKWAYS, FRONT, AND REAR SIDEWALKS FOR SAFETY REASONS
- INVERTER GENERATOR LENT TO HOMEOWNER FOR 2.5 DAYS AS WE WERE WORKING IN THE NEIGHBORHOOD FOR 4 DAYS FREE OF CHARGE.

LABOR / MACHINES USED:

904TREE.COM

Phone: 904-401-8304

Email: owner@904tree.com



- 4 SAWMEN, 2 HELPERS AND SAWS FOR APROX 13+HRS SPREAD OVER TWO DAYS (9/30 To 10/1/24).
- DINGO/BOBCAT FOR DEBRIS REMOVAL/MOVING LIMBS AND DEBRIS TO CURB FOR 13+ HOURS
- 72' SPIDER BUCK LIFT USED TO ROPE FRONT TREES TO DROP
- 40' ALTEC/BUCKET TRUCK LIFT USED FOR SAME
- 1 40 TON CRANE CONTRACTED FOR 6+HRS
- JOB WAS SPLIT BETWEEN TWO DAYS AS IT WAS JUST TOO MUCH TO TACKLE IN 1 WORKING APPROX 8HRS 1ST DAY AND 5HRS THE 2ND DAY
- SAFETY / SUPERVISOR ON THE JOB BOTH DAYS 100% OF THE TIME
- EMERGENCY SERVICES PERFORMED AS WE WERE THERE IMMEDIATELY AFTER THE STORM/BEFORE THE POWER COMPANIES EVEN FED YOUR HOMEOWNERS AND LET A GENERATOR

TIMELINE OF COMPLETION

JOB COMPLETED STARTING 9/30/24 TO 10/1/24.

AS SHOWN ON OUR WEBSITE, (IN NORMAL TIMES) WE BILL IN EXCESS OF \$1,000/HR (WITHOUT CRANE WORK) AND \$2,500+/HR DURING DISASTER RESPONSES (WITHOUT CRANE WORK).

<https://www.904tree.com/pricing> AND <https://www.904tree.com/emergency-tree-services>

TOTAL COST: \$32,500.00

DEDUCTABLE PAID: \$2,000.00 / CHECK # 1621

Insurance Approved RVC Amount: \$28,034.32 which is our Invoice "Due" Amount.

28,034.42	0.00	28,034.42
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PAYMENT IS DUE. ASAP.

PAYMENT CAN BE MADE VIA CASH APP, ZELLE (CASSIDY BOYD 904-401-8304), OR CREDIT CARD (PLZ CALL MR. BOYD AT THAT SAME NUMBER), OR CHECK.

OWNERS OR PROPERTY MANAGERS MUST:

- ** IDENTIFY ALL SEWER, IRRIGATION, OR UNDERGROUND DRAINAGE PRIOR TO OUR ARRIVAL.
- ** IDENTIFY ALL PETS, LOCKED GATES, GATE CODES, OR OTHER ACCESS LIMITATIONS.

ALL SALES ARE FINAL; THERE ARE NO REFUNDS.

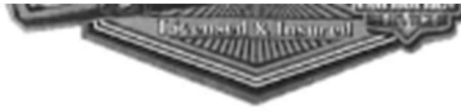
Our Insurance info if needed: <https://www.904tree.com/creds>

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INVOICE

NAME: <i>Charles & Crystal</i>	WORK PERFORMED AT:
DATE: <i>10/1/24</i>	<i>5024 HAMMER TRAIL LAKE PARK 6A</i>
	<i>Rep Devin Sells 31636</i>

QTY	DESCRIPTION OF WORK PERFORMED
	<i>① REMOVED TREE LIMBS FROM DRIVEWAY</i>
STUMPS	
	<i>② REMOVED TREE LIMBS FROM PROS (3) w/ 40 TON CRANE</i>
TREE REMOVED	
	<i>③ REMOVED FALLEN/BROKEN TREE LIMBS IN REAR BRICK YARD LIMBS CRASHED REAR FENCE (METAL) & WAS STILL A HAZARD</i>
TRIMMING	
	<i>④ REMOVED OTHER LIMBS IN BRICK YARD THAT CRUSH LEFT FENCE.</i>
ESTIMATE PRICE	
	<i>ALL DEBRIS WERE DUMP/STACKED AT FRONT OF HOUSE BY STREET @ UNDER 8' AS PER CITY PICKUP REG'S</i>
	<i>INVOICE & PAPERS & VIDEOS ATTACHED OVER NEXT</i>

DAVE@904TREE.COM

X	<input checked="" type="checkbox"/>	CANCELLATION FEE WILL BE APPLIED IF JOB IS CANCELED WITHIN 72 HOURS OF START DATE.
X	<input checked="" type="checkbox"/>	NOT RESPONSIBLE FOR UNDERGROUND PLUMBING WIRES/UTILITIES THAT ARE NOT VISIBLE
X	<input checked="" type="checkbox"/>	NOT RESPONSIBLE FOR CONCRETE OR PAVER DRIVE DUE TO EQUIPMENT, CRANE, LIFTS, SKID STEER TO REMOVE TREES OFF OF PROPERTY

All material is guaranteed to be as specified, and the above work was performed in accordance with the drawings and specifications provided for the above work.

This is a Partial Full invoice due and payable by: *Christal S. Adams* *Check # 1621 PD 2000*

RCU Payment *Rep. Devin*

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 Phone: 904-401-8304
 Email: owner@904tree.com



<https://www.904tree.com/> 904-401-8304

DIRECTION TO PAY AUTHORIZATION

Property Owner/s: Charles & Crystal Odom Property Address 5024 HAMMOCK TRAIL
LAKE PK
City/State/Zip 31636 Cell/Work/Home Phone 229-251-4090 Email crystalodom@gmail.com

I am/we are the Property Owner/s for the above property address, and I/we hereby authorize and unequivocally instruct State Farm to make direct deposits/payments of any and all monies, benefits, or proceeds for the services rendered by 904Tree.com at 8516 103rd Jacksonville, FL 32210 to be made directly to 904Tree.com.

I/we appoint 904Tree.com to accept on my/our behalf all and any insurance payout checks, drafts, wire transfers, ACH Payments, or bills of exchange and to endorse all such checks, drafts, or bills of exchange for deposit to 904Tree.com for credit on my/our account for their services rendered.

PROPERTY OWNER/S:

PRINTED NAME/s: Charles Odom Crystal G. Odom
Signature/s: [Signature] [Signature]
Insurance Info: Policy# _____ Claim# 1174M76C Adjuster # _____
Date: _____

904TREE.COM

Authorized Representative Printed Name: [Signature]
Signature: [Signature]
Date: 9/30/20

904TREE.COM
Phone: 904-401-8304
Email: owner@904tree.com



C. B. ODOM
C. ODOM
PH. 229-559-3093
5024 HAMMOCK TRAIL
LAKE PARK, GA 31636

64-7150/2612

1621

DATE 10/01/2024

PAY TO THE ORDER OF 904 Tree
Two thousand dollars ⁰⁰/₁₀₀ ⁰⁰/₁₀₀ \$2000.⁰⁰/₁₀₀

SOUTHEASTERN
FEDERAL CREDIT UNION
P.O. BOX 2067 • VALDOSTA, GEORGIA 31604

PRIMETIME GOLD

Crystal Odom

MEMO: Mrs, 9/30

⑆ 26 27 5000 7 18 1800323949 ⑈ 1621

INVOICE

NAME: Charles + Crystal

DATE: 10/1/24

WORK PERFORMED AT:

5024 HAMMOCK TRAIL LAKE PARK GA 31636

Rep Drain Sinks

QTY

DESCRIPTION OF WORK PERFORMED

904TREE.COM

Phone: 904-401-8304

Email: owner@904tree.com





904TREE.COM

Phone: 904-401-8304

Email: owner@904tree.com



Main Tree on
Roof here



904TREE.COM

Phone: 904-401-8304

Email: owner@904tree.com



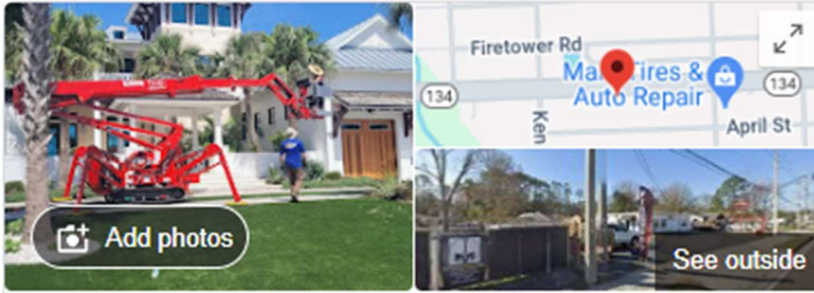


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Phone: 904-401-8304

Email: owner@904tree.com





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- Website
- Directions
- Save
- Call

4.9 ★★★★★ 121 Google reviews

Tree service in Jacksonville, Florida

 You manage this Business Profile 

Service options: Online estimates · Onsite services

Address: 8516 103rd St, Jacksonville, FL 32210

Hours: [Open 24 hours](#) ▾

Phone: [\(904\) 401-8304](tel:9044018304)



904TREE.COM

Phone: 904-401-8304

Email: owner@904tree.com





CLEAN, FAST, AFFORDABLE

904tree.com is a hazardous tree removal company located in Jacksonville Florida. We offer a variety of services to meet your tree service needs and are dedicated to provide both quality work and excellent customer service.

[Learn More](#)



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Phone: 904-401-8304

Email: owner@904tree.com



TREE REMOVAL

We specialize in hazardous tree removal. A tree in poor health can effect safety, property value, property damage, and various other factors.

TREE TRIMMING

Tree trimming is important as it keeps your tree healthy, appealing, safe, and enhances growth.

TRACTOR WORK

We will do dirt work, light land clearing, and heavy brush mowing.

UNDERBRUSH

Underbrush can make the access of your home and other areas of your property difficult. Removing it will help improve the access to your property and property value.

DEMOLITION

Demolition can range from mobile homes to houses and garages to pools. Any condemned property can be tore down by us.

VIEW ENHANCEMENTS

If you are needing to look out your window and have a clear and beautiful view? View enhancements are for you.

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Phone: 904-401-8304

Email: owner@904tree.com





Michael Walker

13 reviews • 1 photo

★★★★★ 5 weeks ago

Prompt, Professional, and Priced fairly.... [View full review](#)



904tree.com

Owner

4 weeks ago

Thank you and thanks for your service 🙏



Veneisha Haag

2 reviews • 0 photos



★★★★★ 7 weeks ago

Cassidy did an amazing job!! Everything was done in an efficient clean manner. This company was the most affordable and reliable one that I used/ It nice to meet someone to do what they said they are going to do especially in this line of business.



904tree.com

Owner

7 weeks ago

We thank you for the opportunity to work with you on taking care of your tree needs



Jake Bateh

5 reviews • 2 photos



★★★★★ 31 weeks ago

They were very professional and quick with their services. Cassidy was helpful with backyard advice and very knowledgeable on the trade. I had 2 100ft pines in front and backyard and they took them down with ease. And hauled it all away. I would recommend.



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Phone: 904-401-8304

Email: owner@904tree.com



Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <i>Cassidy Boyd</i></p> <p>2 Business name/disregarded entity name, if different from above. <i>904 Tree Care LLC</i></p> <p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) <i>Note:</i> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)</p> <p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/></p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>5 Address (number, street, and apt. or suite no.). See instructions. <i>8516 103rd St</i></p> <p>6 City, state, and ZIP code <i>Jacksonville FL 32210</i></p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number																					
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OR																					
Employer identification number																					
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Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person <i>[Signature]</i>	Date <i>May 21 2024</i>
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General Instructions

New line 3b has been added to this form. A flow-through entity is

904TREE.COM

Phone: 904-401-8304

Email: owner@904tree.com

CERTIFICATE OF LIABILITY INSURANCE

Date
8/20/2024

Producer: Plymouth Insurance Agency
2739 U.S. Highway 19 N.
Holiday, FL 34891
(727) 938-5562

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.

Insured: South East Personnel Leasing, Inc. & Subsidiaries
2739 U.S. Highway 19 N.
Holiday, FL 34891

Insurers Affording Coverage		NAIC #
Insurer A:	Lion Insurance Company	11075
Insurer B:		
Insurer C:		
Insurer D:		
Insurer E:		

Coverages

The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits	
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence	\$
						Damage to rented premises (EA occurrence)	\$
						Med Exp	\$
						Personal Adv Injury	\$
						General Aggregate	\$
						Products - Comp/Op Agg	\$
		AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident)	\$
						Bodily Injury (Per Person)	\$
						Bodily Injury (Per Accident)	\$
						Property Damage (Per Accident)	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made Deductible				Each Occurrence	
						Aggregate	
A		Workers Compensation and Employers' Liability	WC 71949	01/01/2024	01/01/2025	X WC Statutory Limits	OTHE-ER

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Email: owner@904tree.com



Other	Lion Insurance Company is A.M. Best Company rated A (Excellent). AMB # 12616	
Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:		Client ID: 91-71-311
Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":		
904 Tree Comm LLC		
Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s) , while working in: FL. Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.		
A list of the active employee(s) leased to the Client Company can be obtained by emailing a request to certificates@lioninsurancecompany.com		
Project Name: FOR BID PURPOSES ONLY.		
ISSUE 08-20-24 (CF)		
		Begin Date: 9/26/2023
CERTIFICATE HOLDER	CANCELLATION	
904 TREE COM LLC 8516 103RD STREET JACKSONVILLE, FL 32210	Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives. 	

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Phone: 904-401-8304

Email: owner@904tree.com



CERTIFICATE OF INSURANCE

ISSUE DATE

7/3/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: IF THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, THE POLICY(IES) MUST BE ENDORSED. IF SUBROGATION IS WAIVED, SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY, CERTAIN POLICIES MAY REQUIRE AN ENDORSEMENT. A STATEMENT ON THIS CERTIFICATE DOES NOT CONFER RIGHTS TO THE CERTIFICATE HOLDER IN LIEU OF SUCH ENDORSEMENT(S).

PRODUCER Gray & Gray West, Inc. 7812 Normandy Blvd. Jacksonville, FL 32221	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	Western World Insurance Company
	INSURER B:	N/A
INSURED Boyd, Cassidy 8516 103rd Street Jacksonville, FL 32210	INSURER C:	N/A
	INSURER D:	N/A
	INSURER E:	N/A

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
A	General Liability	NPP1629338	10/8/2023	10/8/2024	General Aggregate	\$2,000,000
					Products-Conv/Op Agg.	\$1,000,000
					Personal & Adv. Injury	\$1,000,000
					Each Occurrence	\$1,000,000
					Damage Prem Rented To You	\$100,000
					Med Expense (Any one person)	\$5,000
B	Personal Liability				Combined Single Limit	
					Medical Payments To Others	
C	Excess Liability				Each Occurrence	
					Aggregate	

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D						
E	Property				Building	
					Contents	
					LossOrUse	
<p>THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER. SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.</p>						
<p>Description of Operations / Specialty Items Concrete Construction, Tree Pruning, Dusting, Spraying, Repairing, Trimming or Fumigating</p>						
<p>SURPLUS LINES AGENT VIRGINIA CLANCY LICENSE#A206605 13577 FEATHERSOUND DRIVE PO BOX 17069 CLEARWATER, FLORIDA 33762</p>						
<p>Certificate Holder Cassidy Boyd 8516 103RD STREET JACKSONVILLE, FL 32210</p>				<p>Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.</p> <p>Authorized Signature</p> <p style="text-align: right;"><i>Virginia Clancy</i></p>		

904TREE.COM

Phone: 904-401-8304

Email: owner@904tree.com



[Previous On List](#) [Next On List](#) [Return to List](#)

904 tree com LLC

No Events **No Name History**
Detail by Entity Name

Florida Limited Liability Company

904 TREE.COM LLC

Filing Information

Document Number L23000292873

FEI/EIN Number 93-2041500

Date Filed 06/16/2023

Effective Date 06/16/2023

State FL

Status ACTIVE

Principal Address

8516 103RD STREET
JACKSONVILLE, FL 32210

Mailing Address

8516 103RD STREET
JACKSONVILLE, FL 32210

Registered Agent Name & Address

BOYD, CASSIDY W
8516 103RD STREET

904TREE.COM

Phone: 904-401-8304

Email: owner@904tree.com

