

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000006903

**Entity Name:** WREN TIMBER & CATTLE, LLC

**Current Principal Place of Business:**

320 N CENTRAL AVENUE  
OVIEDO, FL 32765

**Current Mailing Address:**

PO BOX 621419  
OVIEDO, FL 32762 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

WREN, M ODDIS JR  
320 N CENTRAL AVENUE  
OVIEDO, FL 32765 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 MGR  
Name WREN, M ODDIS JR  
Address 320 N CENTRAL AVENUE  
City-State-Zip: OVIEDO FL 32765

Title MGR  
Name WREN, TERRI  
Address 320 N CENTRAL AVENUE  
City-State-Zip: OVIEDO FL 32765

Title MGR  
Name WREN, MICHAEL C  
Address 320 N CENTRAL AVENUE  
City-State-Zip: OVIEDO FL 32765

Title MGR  
Name WREN, TRAVIS G  
Address 320 N CENTRAL AVENUE  
City-State-Zip: OVIEDO FL 32765

*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:** M ODDIS WREN JR

MGR

02/23/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date