

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000065815

Entity Name: SYCAMORE TIMBER, LLC**Current Principal Place of Business:**2010 SADDLEWOOD DRIVE
BARTOW, FL 33830**Current Mailing Address:**2010 SADDLEWOOD DRIVE
BARTOW, FL 33830**FEI Number: 27-2885398****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILSON, DONALD HJR.
245 SOUTH CENTRAL AVENUE
BARTOW, FL 33830 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	FLETCHER, TIMOTHY
Address	2010 SADDLEWOOD DRIVE
City-State-Zip:	BARTOW FL 33830

Title	MGR
Name	LAURENT, JOHN A
Address	P.O. BOX 574
City-State-Zip:	BARTOW FL 33831

Title	MGR
Name	LAURENT, GEORGE F
Address	P.O. BOX 574
City-State-Zip:	BARTOW FL 33831

Title	MGR
Name	SMITH, CHAD A
Address	405 BARTOW BLVD.
City-State-Zip:	BARTOW FL 33830

Title	MGR
Name	FLETCHER, CASEY AII
Address	1100 OAKBRIDGE PARKWAY #203
City-State-Zip:	LAKELAND FL 33803

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY FLETCHER**MANAGER****03/27/2013**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date