that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: GLENN PEARSON	SR. MANAGING DIRECTOR	03/07/2013

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

THE	0
Name	PEARSON, GLENN
Address	2018 PHYLLIS PLACE #21
City-State-Zip:	TAMPA FL 33619

# Authorized Person(s) Detail :

SIGNATURE: CHAD COMINGORE

Title	OMGR	Title	S	
Name	PEARSON, GLENN	Name	PEARSON, GLENN	
Address	2018 PHYLLIS PLACE #21	Address	2018 PHYLLIS PLACE #21	
City-State-Zip:	TAMPA FL 33619	City-State-Zip:	TAMPA FL 33619	

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.

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

COMINGORE, CHAD 2018 PHYLLIS PLACE # 21 TAMPA, FL 33619 US

POST OFFICE BOX 25223

# DOCUMENT# L12000157249

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### Entity Name: FOREST GREEN FAMILY COMMUNITIES LLC

# **Current Principal Place of Business:**

2018 PHYLLIS PLACE #21 TAMPA, FL 33619

# **Current Mailing Address:**

TAMPA FL 33622 US

# FEI Number: 46-1589129

FILED Mar 07, 2013 Secretary of State CC8930281019

> 03/07/2013 Date

Certificate of Status Desired: No

Date

Electronic Signature of Signing Authorized Person(s) Detail