

2001 UNIFORM BUSINESS REPORT (UBR)

0025072 AF

DOCUMENT # **L00000000151**

1. Entity Name
THE HERRING LAND AND TIMBER LLC

FILED

01 FEB 20 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**HIGHWAY 19 SOUTH
OLD TOWN FL 32680**

Mailing Address
**P.O. BOX 985
LD TOWN FL 32680-0985**

2. Principal Place of Business
Herring Land and Timber

3. Mailing Address
PO Box 985

Suite, Apt. #, etc.
H. Dale Herring

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Old Town, Fl

City & State

4. FEI Number

Applied For
 Not Applicable

Zip Country
32680 Dixie

Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WATSON, TODD ESQ.
7785 BAYMEADOWS WAY
SUITE 107
JACKSONVILLE FL 32256**

Name
~~Lois D. Litchfield~~
Street Address (P.O. Box Number is Not Acceptable)
Hwy 19, Cooper Road
City **Old Town, Fl** **FL** Zip Code **32680**

8. 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.

Lois D. Litchfield/ bookkeeper

SIGNATURE *Lois D. Litchfield*

1/17/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **MGR** Delete
NAME **H. Dale Herring**
STREET ADDRESS **Po Box 985**
CITY-ST-ZIP **Old Town, fl 32680**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
500003768875--6
-02/26/01--01159--009
*******50.00 *****50.00**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: *H. Dale Herring*

1/17/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)