

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90116 048 ****50.00

DOCUMENT # L01000001645

1. Entity Name

TIMBER HARVESTING & DEVELOPMENT, LLC



Principal Place of Business

~~BISHOP STREET 2N~~
CROSS CITY FL 32628

Mailing Address

P.O. BOX 2568
CROSS CITY FL 32628-2568

2. Principal Place of Business

531 NE 259th Street

Suite, Apt. #, etc.

3. Mailing Address

P O Box 2568

Suite, Apt. #, etc.



MOORE

CR2E083 (11/03)

City & State

Cross City FL

Zip
32628

Country
Dixie

City & State

Cross City FL

Zip
32628

Country
Dixie

4. FEI Number

59-3695831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BECKHAM, T.L.
~~BISHOP STREET 2N~~
CROSS CITY FL 32628

531 NE 259th Street

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

San Beck

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

(NOTE: Registered Agent signature required when reinstating)

04/13/04

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BECKHAM, T.L.
STREET ADDRESS ~~BISHOP STREET 2N~~ 531 N.E. 259th Street
CITY-ST-ZIP CROSS CITY FL 32628

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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

San Beck

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

Date

Daytime Phone #

04/13/04 (352) 498-2019