

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000001645

**FILED**  
**Jan 05, 2009**  
**Secretary of State**

**Entity Name:** TIMBER HARVESTING & DEVELOPMENT, LLC

**Current Principal Place of Business:**

16291 SE HWY 19  
CROSS CITY, FL 32628

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2568  
CROSS CITY, FL 32628

**New Mailing Address:**

**FEI Number:** 59-3695831

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BECKHAM, T.L.  
531 NE 259TH ST.  
CROSS CITY, FL 32628 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BECKHAM, T L  
Address: 531 NE 259TH ST.  
City-St-Zip: CROSS CITY, FL 32628

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

**SIGNATURE:** T. L. BECKJAM

MGR

01/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date