

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90049 014 ***138.75

DOCUMENT # L01000011486

1. Entity Name
B&C TREE FARM, LLC



Principal Place of Business
**217 JOHN KNOX RD
TALLAHASSEE, FL 32303**

Mailing Address
**217 JOHN KNOX RD
TALLAHASSEE, FL 32303**



01092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3736741

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BUFORD JR, A L
217 JOHN KNOX RD
TALLAHASSEE, FL 32303**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-08

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BUFORD, A.L. JR. - 217 John Knox Rd
STREET ADDRESS ~~0295 BLACK FOX WAY~~ P.O. Box 4288
CITY-ST-ZIP TALLAHASSEE, FL ~~02312~~ 32315

TITLE MGR
NAME I.R., COCHRAN
STREET ADDRESS PO BOX 1628
CITY-ST-ZIP LAKE CITY, FL 32056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

Date

Daytime Phone #

1-10-08 850-385-6363

217 John Knox Rd