

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000005852**

1. Entity Name

NATURE COAST FORESTRY SERVICES, LLC



Principal Place of Business

4809 EAST C-466  
OXFORD, FL 34484

Mailing Address

4809 EAST C-466  
OXFORD, FL 34484

**DO NOT WRITE IN THIS SPACE**



02162004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
03-0413559

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAILEY, C. WINSTON JR.  
4809 EAST C-466  
OXFORD, FL 34484

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

Information 5-517  
05-05-04-20077-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
BAILEY BROTHERS, INC.  
4809 E C-466  
OXFORD, FL 34484

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
SUMNER, WILLIAM R.  
4809 E C-466  
OXFORD, FL 34484

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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:**

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

Date

Daytime Phone #

4/28/04 (353) 748-6062