

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000015218

1. Entity Name
ROBSON LOGGING, LLC



Principal Place of Business

**HWY 351 N. 1 MILE
CROSS CITY, FL 32628**

Mailing Address

**P.O. BOX 2127
CROSS CITY, FL 32628**

DO NOT WRITE IN THIS SPACE



04252006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
13-4203277

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBSON, RICKY
154 SOUTHEAST 18 AVENUE
CROSS CITY, FL 32628**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	V
NAME	ROBSON, WILLIAM F
STREET ADDRESS	HWY 351 N 1 MILE
CITY-ST-ZIP	CROSS CITY, FL 32628
TITLE	P
NAME	ROBSON, RICKY
STREET ADDRESS	154 SOUTHEAST 18 AVENUE
CITY-ST-ZIP	CROSS CITY, FL 32628
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000550231
05/13/06-80050-022 50.00

**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:

Ricky F. Robson

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

4/25/06

Date

Daytime Phone #