

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90016 012 ****50.00

DOCUMENT # L02000017521

1. Entity Name

THE PICOLATA FOREST GROUP, LLC



Principal Place of Business

10690 CR 13 NORTH
ST. AUGUSTINE FL 32092

Mailing Address

10690 CR 13 NORTH
ST. AUGUSTINE FL 32092

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

76-0704721

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

20017089



1st MOORE

CR2E083 (10/04)

6. Name and Address of Current Registered Agent

THE SYKES FIRM PROFESSIONAL LTD.CO.
ATTN: W. STEVE SYKES
103 SAN RAFAEL RD
ST AUGUSTINE FL 32080

7. Name and Address of New Registered Agent

Name

Steve Glidden

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

10690 CR 13 North

City

St Augustine

FL

Zip Code

32092

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

Steve Glidden

Signature, type and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM ☐ Delete
NAME ARNOLD, CAROLYN S
STREET ADDRESS 1170 MCENTIRE RD
CITY-ST-ZIP TRYON NC 28782

TITLE NAME MGRM ☐ Delete
NAME ARNOLD, PAUL
STREET ADDRESS 1170 MCENTIRE RD
CITY-ST-ZIP TRYON NC 28782

TITLE NAME MGRM ☐ Delete
NAME ARNOLD, PAUL JR.
STREET ADDRESS 1170 MCENTIRE RD
CITY-ST-ZIP TRYON NC 28782

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
NAME
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:

Paul Arnold

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

2-22-05

878-863-4645

Date

Daytime Phone #