

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017521

FILED
Feb 06, 2009
Secretary of State

Entity Name: THE PICOLATA FOREST GROUP, LLC

Current Principal Place of Business:

10690 C.R. 13 NORTH
SAINT AUGUSTINE, FL 320928914

New Principal Place of Business:

10690 C.R. 13 NORTH
SAINT AUGUSTINE, FL 32092

Current Mailing Address:

10690 C.R. 13 NORTH
SAINT AUGUSTINE, FL 320928914

New Mailing Address:

10690 C.R. 13 NORTH
SAINT AUGUSTINE, FL 32092

FEI Number: 76-0704721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIRDDEN, STEPHEN
10690 CR 13 N
SAINT AUGUSTINE, FL 32092 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: ST () Delete
Name: ARNOLD, CAROLYN S
Address: 1170 MCENTHIRE RD
City-St-Zip: TRYON, NC 28782

Title: P () Delete
Name: ARNOLD, PAUL G
Address: 1170 MCENTIRE RD
City-St-Zip: TRYON, NC 28782

Title: VP () Delete
Name: VENTZEL, PAMELA
Address: 29131 SHIRLEY
City-St-Zip: MADISON HEIGHTS, MI 48071

Title: MGRM () Delete
Name: GLIDDEN, CYNTHIA
Address: 10690 CR 13 N
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: MGRM () Delete
Name: ARNOLD, DAVID
Address: 182 LOWER EISON RD
City-St-Zip: UNION, SC 29379

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ARNOLD, CAROLYN S
Address: 1170 MCENTHIRE RD
City-St-Zip: TRYON, NC 28782

Title: MGRM (X) Change () Addition
Name: ARNOLD, PAUL G
Address: 1170 MCENTIRE RD
City-St-Zip: TRYON, NC 28782

Title: MGRM (X) Change () Addition
Name: WENTZEL, PAMELA
Address: 29131 SHIRLEY
City-St-Zip: MADISON HEIGHTS, MI 48071

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

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: CYNTHIA GLIDDEN

MGRM

02/06/2009

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