

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003389

Entity Name: S&M PINE LANDS, LLC

FILED
Feb 17, 2009
Secretary of State

Current Principal Place of Business:

539 WASHINGTON STREET
PLYMOUTH, NC 27962

New Principal Place of Business:

Current Mailing Address:

PO BOX 386
PLYMOUTH, NC 27962

New Mailing Address:

PO BOX 386
PLYMOUTH, NC 27962

FEI Number: 20-0083507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HALPERIN, ELEANOR B ESQ.
1400 CENTREPARK BLVD., SUITE 1000
WEST PALM BEACH, FL 33401 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: MGRM () Delete
Name: MOORMAN II, CLAUDE T
Address: PO BOX 386
City-St-Zip: PLYMOUTH, NC 27962

Title: MGRM () Delete
Name: SIMPSON, WILLIAM G
Address: 236 BATEMAN'S BEACH ROAD
City-St-Zip: ROPER, NC 27970

ADDITIONS/CHANGES:

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: CLAUDE T. MOORMAN II

MGRM

02/17/2009

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