

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90214 010 \*\*\*\*50.00

**DOCUMENT # L03000055708**

1. Entity Name  
**BIG BEND TIMBER SERVICES, LLC**



Principal Place of Business  
**2182 SOUTH JEFFERSON STREET  
MONTICELLO, FL 32344 US**

Mailing Address  
**PO BOX 15  
MONTICELLO, FL 32345 US**



03242006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0523131**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WALTON, JERRY  
2182 SOUTH JEFFERSON STREET  
MONTICELLO, FL 32344**

**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	MGR
NAME	WALTON, JERRY
STREET ADDRESS	2182 SOUTH JEFFERSON STREET
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	MGR
NAME	WALTON, SALLY
STREET ADDRESS	2182 SOUTH JEFFERSON STREET
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	MGR
NAME	WALTON, JERRY P
STREET ADDRESS	2182 SOUTH JEFFERSON STREET
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	MGR
NAME	WALTON, BEN
STREET ADDRESS	2182 SOUTH JEFFERSON STREET
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** \_\_\_\_\_

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

Date

Daytime Phone #

ATTACHMENT

20026167 BAT  
# 03000055708

C. LUTHER PICKELS  
CERTIFIED PUBLIC ACCOUNTANT  
PO BOX 413  
MONTICELLO, FL 32345  
850/997-1765

STATE OF FLORIDA  
ANNUAL REPORT

Please review the form to verify the information is correct. If you need to make any changes, please call us.

Please sign at the bottom of the form and mail with a check made payable to Florida Department of State, in the amount of \$150.00 if you are a corporation, or \$50.00 if you are an LLC. An envelope has been provided.

This form **MUST** be mailed no later than April 30<sup>th</sup>, or there is a \$400.00 penalty