

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000043284

1. Entity Name
BIG TIMBER SALES, LLC



Principal Place of Business

**5465 CAURUS CT
ORLANDO, FL 32808**

Mailing Address

**5465 CAURUS CT
ORLANDO, FL 32808**



03242006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1230242

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SLEPIN, STEPHEN M
1026 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
SEBENY, DANIEL L
5465 CAURUS CT
ORLANDO, FL 32808**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LYNCH, LILLY G
5465 CAURUS CT
ORLANDO, FL 32808**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
SEBENY, KATHLEEN S
5465 CAURUS CT
ORLANDO, FL 32808**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11111111485380
04/12/06-80081-009 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:

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

Date

Daytime Phone #