

L04 000072184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800188887458

12/22/10--01014--003 \*\*25.00

FILED

10 DEC 22 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
DEC 28 2010  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pigeon Creek Timber, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John P. Watts

Name of Person

Pigeon Creek Timber, LLC

Firm/Company

906 Skipper Ave

Address

Fort Walton Bch., FL 32547

City/State and Zip Code

Johnpwatts@mac.com

E-mail address: (to be used for future annual report notification)

**FILED**  
10 DEC 22 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

John P. Watts

Name of Person

at ( 850 ) 803 2493

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Pigeon Creek Timber, LLC

2. (a) Principal office address of limited liability company: 1186 Eglin Pkwy  
Shalimar FL 32579  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: 1186 Eglin Pkwy  
Shalimar FL 32579  
**(Note: MAY BE POST OFFICE BOX)**

10/05/2004  
3. Date of filing/registration in Florida

L04000072184  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: John P. Watts

Registered Office Address: 1186 Eglin Pkwy  
Shalimar FL 32579

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: John P. Watts

**NEW** Registered Office Address: 906 Skipper Ave  
**(MUST BE FLORIDA STREET ADDRESS)** Fort Walton Bch., FL 32547

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

John P. Watts  
Signature of a member or authorized representative of a member

John P. Watts  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

John P. Watts  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00

FILED  
DEC 22 PM 12:21  
TALLAHASSEE, FLORIDA