

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 25, 2006 8:00 am
Secretary of State

04-28-2006 90015 021 ****50.00

DOCUMENT # L04000074819

1. Entity Name
SIMMONS BROTHERS LOGGING, LLC



Principal Place of Business
2973 SIMMONS LANE
PONCE DE LEON, FL 32455

Mailing Address
2973 SIMMONS LANE
PONCE DE LEON, FL 32455

DO NOT WRITE IN THIS SPACE



02202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1746094

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMMONS, JOHN HENRY
2973 SIMMONS LANE
PONCE DE LEON, FL 32455

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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 John Henry Simmons 3-1-06

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	MGRM SIMMONS, JOHN HENRY 2973 SIMMONS LANE PONCE DE LEON, FL 32455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMMONS, WILBER 1796 SHADY CIRCLE PONCE DE LEON, FL 32455
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 806, Florida Statutes.

SIGNATURE John Henry Simmons 5-22-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #