# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 14, 2009**
**Secretary of State**

DOCUMENT# L05000101246

**Entity Name:** LABELLE FORESTRY ROAD, LLC

**Current Principal Place of Business:**

1515 FONESLRY DW ROAD
LABELLE, FL 33935 US

**New Principal Place of Business:**

1515 FORESTRY DW ROAD
LABELLE, FL 33935 US

**Current Mailing Address:**

P.O. BOX 7338
NAPLES, FL 34101 US

**New Mailing Address:**

**FEI Number: 20-3705974** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SIESKY, JAMES H
1000 TAMIAMI TRAIL N.
SUITE 201
NAPLES, FL 34102 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: HENTHORNE, DANNY R
Address: 5500 TAYLOR ROAD
City-St-Zip: NAPLES, FL 34109 US

Title: MGRM ( ) Delete
Name: HENTHORNE, LORRAINE
Address: 5500 TAYLOR ROAD
City-St-Zip: NAPLES, FL 34109 US

**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: LORRAINE HENTHORNE MGRM 01/14/2009

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