

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028520

FILED
Apr 03, 2008
Secretary of State

Entity Name: NORTH FLORIDA FORESTRY SERVICES, LLC.

Current Principal Place of Business:

4244 W. TENNESSEE STREET #330
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

4244 W. TENNESSEE STREET #330
TALLAHASSEE, FL 32304

New Mailing Address:

FEI Number: 20-4621375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, STACY
4244 W. TENNESSEE STREET #330
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

JOHNSON, STACY K MRS
4244 W. TENNESSEE STREET #330
TALLAHASSEE, FL 32304 US

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: STACY K. JOHNSON

04/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNSON, STACY
Address: 4244 W. TENNESSEE STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JOHNSON, STACY K MRS
Address: 4244 W. TENNESSEE STREET #330
City-St-Zip: TALLAHASSEE, FL 32304

Title: MGR () Change (X) Addition
Name: JOHNSON, DONNIE R MR
Address: 4244 W. TENNESSEE ST. #330
City-St-Zip: TALLAHASSEE, FL 32304

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: STACY K. JOHNSON

MGRM

04/03/2008

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