

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90172 048 ****50.00

DOCUMENT # L06000083911

1. Entity Name

KAT-FACE FOREST PRODUCTS, LLC



Principal Place of Business

7676 SW 46TH AVENUE
JASPER FL 32052

Mailing Address

7676 SW 46TH AVENUE
JASPER FL 32052

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-5522035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, KATHRINE A
7676 SW 46TH AVENUE
JASPER FL 32052

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	MGRM	SCOTT, KATHRINE A	7676 SW 46TH AVENUE JASPER FL 32052	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
	MGRM	PADGETT, RANDALL E	1491 HWY 129 S LAKE PARK GA 31636	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
	MGRM	BURTON, ROBERT P V	7676 SW 46TH AVENUE JASPER FL 32052	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone *

4/30/07 386-938-4918