

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000099359

**FILED**  
**Oct 13, 2008**  
**Secretary of State**

**Entity Name:** THE FOREST GROUP, LLC

**Current Principal Place of Business:**

3401 SOUTHSIDE BLVD  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 17691  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 20-5832452      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

BAINES, MICHELLE L  
3401 SOUTHSIDE BLVD  
JACKSONVILLE, FL 32216      US

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

SNYDER, MICHELLE L  
3401 SOUTHSIDE BLVD  
JACKSONVILLE, FL 32216      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: MICHELLE L. SNYDER

10/13/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: BAINES, MICHELLE L  
Address: 3401 SOUTHSIDE BLVD  
City-St-Zip: JACKSONVILLE, FL 32216

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: SNYDER, MICHELLE L  
Address: 3401 SOUTHSIDE BLVD  
City-St-Zip: JACKSONVILLE, FL 32216

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: MICHELLE L. SNYDER

MS.

10/13/2008

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