

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

5 May 29, 2008 8:00 am
Secretary of State

05-02-2008 90026 034 ***138.75

DOCUMENT # L07000076063					
1. Entity Name FOREST CABINS, L.L.C.					
Principal Place of Business 24470 NE 133 PLACE RD SLT SPRINGS, FL 32134			Mailing Address P O BOX 5221 SALT SPRINGS, FL 32134		
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 24-2353317	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHNEIDER, JOAN A 24470 NE 133 PLACE RD SLT SPRINGS, FL 32134			7. Name and Address of New Registered Agent 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 resigning) DATE _____					
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GIFFIN, MICHAEL J 24470 NE 133 PLACE RD SLT SPRINGS, FL 32134	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	14531 NE 190TH LANE SALT SPRINGS, FL 32134	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHNEIDER, JOAN A 24470 NE 133 PLACE RD SLT SPRINGS, FL 32134	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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 608, Florida Statutes.					
SIGNATURE: <u>Joan Schneider</u>			4/16/08 3526850224		
SIGNATURE AND TYPED OR PRINTED NAME OF SECOND MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		