

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000076063

Entity Name: FOREST CABINS, L.L.C.

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

24470 NE 133 PLACE RD  
SALT SPRINGS, FL 32134

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 5221  
SALT SPRINGS, FL 32134

**New Mailing Address:**

FEI Number: 26-2353317

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHNEIDER, JOAN A  
24470 NE 133 PLACE RD  
SALT SPRINGS, FL 32134 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  
Name: GIFFIN, SHARON  
Address: 14531 NE 190TH LANE  
City-St-Zip: FT MCCOY, FL 32134

Title: MGRM  
Name: SCHNEIDER, JOAN A  
Address: 24470 NE 133 PLACE RD  
City-St-Zip: SALT SPRINGS, FL 32134

I hereby 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: JOAN A. SCHNEIDER

MGRM

02/15/2011

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