

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000070269

FILED
Apr 12, 2012
Secretary of State

Entity Name: FIRST COAST FOREST PRODUCTS, LLC

Current Principal Place of Business:

2404 OLD PINE TRAIL
FLEMING ISLAND, FL 32003

New Principal Place of Business:

4243 PALMER AVE
JACKSONVILLE, FL 32210

Current Mailing Address:

2404 OLD PINE TRAIL
FLEMING ISLAND, FL 32003

New Mailing Address:

4243 PALMER AVE
JACKSONVILLE, FL 32210

FEI Number: 27-2970612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GETMAN, NATALIYA
2404 OLD PINE TRAIL
FLEMING ISLAND, FL 32003 US

Name and Address of New Registered Agent:

WOFFORD, JEFFREY C
4243 PALMER AVE
JACKSONVILLE, FL 32210 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: JEFFREY C. WOFFORD

04/12/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: GETMAN, NATALIYA
Address: 4243 PALMER AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM
Name: WOFFORD, JUSTIN D
Address: 8128 SUMMERSIDE CIR
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM
Name: WOFFORD, JEROD L
Address: 8128 SUMMERSIDE CIR
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM
Name: WOFFORD, JASON C
Address: 8128 SUMMERSIDE CIR
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM
Name: GETMAN, YAROSLAV
Address: 4243 PALMER AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM
Name: WOFFORD, JEFFREY C
Address: 4243 PALMER AVE
City-St-Zip: JACKSONVILLE, FL 32210

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: JEFFREY C. WOFFORD

MGRM

04/12/2012

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