## FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY 🚜 ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

<b>FILING</b>	FEE
A 000	47.5

97 APR 18 AM 8: 33

•	1997	DIVISION OF	CORPO	PRATIONS	SECRE	TADY or	- 00	
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
\$ 203.			orr: 1.F(	MIDA				
<ol> <li>Name a of Limite</li> </ol>	nd Mailing Address ed Liability Company DOCUN	MENT # <sub>L9500</sub>	0000	802				
				1a. Principal Plac	e of Business	Address		
	& S TIMBER PROPERT				601 ST. JOHNS AVENUE			
PALATKA FL 32177			PALATKA FL 32177					
				•				
If above m	ailing address is incorrect in any way, line throug	h incorrect information and	enter correc	tion in Block 2a.				
	al Place of Business	2a. Mailing Address			3. Date Organize	d or Qualified	3a. State of Formation	
O its Ass	H aba	Suite, Apt. #, etc.	. A. ata		10/23/19	95	FL	
Suite, Apt.	#, BIC.	Suite, Apr. #, etc.	i, #, BiG.		4. FEI Number Applied F		Applied For	
City & Stat	6	City & State			59-3341519 Not Ap		Not Applicable	
					5. Date of Last Report 6. Certificate of Status D			
Zip	Country	Žip	Country		00/00/00		S8.75 Additional Fee Required	
	7. Name and Address of Current R	anistered Anent	J		03/06/19 8. Name and Addr		glatered Agent	
	7. Halling and Assaulte of California			Name				
	, TITO S			5	P.O. Box Number I	- Nat Assants	10)	
	T. JOHNS AVENUE			Street Address (1	P.O. BOX Mumber II	I NOI Acceptat	olej	
PALATRA FL 321//			<b>-</b>	Suite, Apt. #, etc				
				-	20	0002	2150822S	
			ľ	City		-04/2	21508225 2797 <sup>ode</sup> 01062003	
				10-0	Transport		203.75 ****203.75	
its register	int to the provisions of Sections 608.416 ar red office or registered agent, or both, in the S	nd 608.508, Florida Statuti State of Florida. Such chan	es, the abt ige was aut	ove-named ilmiket thorized by <mark>affirm</mark> a	ative vote of a majorit	y of the member	rs. I hereby accept the appointment	
as registe	red agent, and accept the obligations.							
SIGNATU	RE	pointment) (NOTE Registered Ag	ant elepting	required when reinstating	(	DATE		
10. Title	Managing Members/Managers	positiones it (NOTE VIBUSIONES AS		s Street Address		City	, State and Zip Code	
10. 1116	transgrig mornions transagor							
MEM	SMITH, TITO S	601 ST	. JOH	INS AVEN	UE	PALATK	A FL	
	A447844 PPRV PPR 70	L	D.01	. 1546			B P17	
MEM	SMITH, KELLEY JR.	RTE. 2	, BOX	1746		PALATK	A FL	
MEM	ALFORD, CHARLES E	SR. RTE. 1	, BOX	2000	•	PALATK	A FL	
МЕМ	ALFORD, BRYANT T	RTE. 1	, BOX	2000		PALATK	A FL	
мвм	ALFORD, CHARLES E	JR. RTE. 1	, воз	2000		PALATK	A FL	
MEM	CLAPP, KATHRYN A	RTE. 1	, BOX	2000		PALATK	A FL	
							- د د د	
						\ \ <u>\</u>	NB 4-21-97	

11. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited limited individually company or the receiver or trustee empowered to execute this upport as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attackment with attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SI	G	N	Α	T	U	R	Е