

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000001822

1. Entity Name
DAWS FOREST PRODUCTS, L.L.C.



Principal Place of Business
ELLYSON INDUSTRIAL PARK
8811 GROW DR
PENSACOLA, FL 32514

Mailing Address
ELLYSON INDUSTRIAL PARK
8811 GROW DR
PENSACOLA, FL 32514



01182005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3533031

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAWS, H.C.
8811 GROW DRIVE, BOX 11
PENSACOLA, FL 32514

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
DAWS, H.C.
ELLYSON INDUSTRIAL PARK
PENSACOLA, FL 32514

TITLE
NAME
STREET ADDRESS
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01/25/05-80096-008 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

H.C. DAWS

1/18/05 850-478-3298

Date

Daytime Phone #