

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000000441

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** SUSTAINABLE FORESTS L.L.C.

**Current Principal Place of Business:**

6400 POPLAR AVE  
MEMPHIS, TN 38197

**New Principal Place of Business:**

**Current Mailing Address:**

6400 POPLAR AVE.  
C/O TAX DEPT  
MEMPHIS, TN 38197

**New Mailing Address:**

6400 POPLAR AVE.  
MEMPHIS, TN 38197

**FEI Number:** 62-1728267

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** DP  
**Name:** LIEBETREU, DAVID A  
**Address:** 6400 POPLAR AVE  
**City-St-Zip:** MEMPHIS, TN 38197

**Title:** VP  
**Name:** HARRIS, ERROL A  
**Address:** 6400 POPLAR AVE  
**City-St-Zip:** MEMPHIS, TN 38197

**Title:** DIR  
**Name:** HERRINGTON, TERRI L  
**Address:** 6400 POPLAR AVE  
**City-St-Zip:** MEMPHIS, TN 38197

**Title:** SEC  
**Name:** SISNEROS, PHILLIP M  
**Address:** 6400 POPLAR AVE  
**City-St-Zip:** MEMPHIS, TN 38197

**Title:** TREA  
**Name:** BUKOWY, DAMIEN J  
**Address:** 6400 POPLAR AVE  
**City-St-Zip:** MEMPHIS, TN 38197

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:** DARETH JEFFERS

\_\_\_\_\_  
POA

\_\_\_\_\_  
04/08/2011

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