

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004134

FILED
Apr 16, 2009
Secretary of State

Entity Name: FOREST SYSTEMS SERVICES, LLC

Current Principal Place of Business:

7550 U.S. HIGHWAY 1
VERO BEACH, FL 32967

New Principal Place of Business:

51 MAIN ST.
NORTH EASTON, MA 02356 US

Current Mailing Address:

7550 U.S. HIGHWAY 1
VERO BEACH, FL 32967

New Mailing Address:

51 MAIN ST.
NORTH EASTON, MA 02356 US

FEI Number: 26-0556820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RITCHEY, SCOTT
7550 U.S. HIGHWAY 1
VERO BEACH, FL 32967 US

Name and Address of New Registered Agent:

RITCHEY, SCOTT
7410 30TH COURT
VERO BEACH, FL 32967 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:

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMITH, RICHARD N
Address: 7550 U.S. HIGHWAY 1
City-St-Zip: VERO BEACH, FL 32967

Title: MGRM () Delete
Name: RITCHEY, SCOTT
Address: 7550 U.S. HIGHWAY 1
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SMITH, RICHARD N
Address: 51 MAIN ST.
City-St-Zip: NORTH EASTON, MA 02356 US

Title: MGRM (X) Change () Addition
Name: RITCHEY, SCOTT
Address: 7410 30TH COURT
City-St-Zip: VERO BEACH, FL 32967 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SCOTT RITCHEY

MGRM

04/16/2009

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