

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000000847

**Entity Name:** NATURAL BRIDGE TIMBERLANDS, LLC.

**Current Principal Place of Business:**

79 SOUTH MAIN ST, STE. 1100  
SALT LAKE CITY, UT 84111

**Current Mailing Address:**

C/O DAVID A. CHANNER  
50 E. SOUTH TEMPLE 2WW  
SALT LAKE CITY, UT 84150 US

**FEI Number:** 46-4469128

**Certificate of Status Desired:** No

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

F & L CORP  
ONE INDEPENDENT DR.  
SUITE 1300  
JACKSONVILLE, FL 32202 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           ROSE, DOUGLAS L.  
Address        79 S. MAIN ST., SUITE 1100  
City-State-Zip: SALT LAKE CITY UT 84111

Title           MANAGER  
Name           JACOBSEN, K. ERIK  
Address        79 S. MAIN ST., SUITE 1100  
City-State-Zip: SALT LAKE CITY UT 84111

Title           MANAGER  
Name           ARCHIBALD, MICHAEL  
Address        79 SOUTH MAIN ST, STE. 1100  
City-State-Zip: SALT LAKE CITY UT 84111

Title           MANAGER  
Name           ALLEN, PAUL L.  
Address        79 SOUTH MAIN ST, STE. 1100  
City-State-Zip: SALT LAKE CITY UT 84111

Title           MANAGER  
Name           GARLICK, BRENT J.  
Address        79 SOUTH MAIN ST, STE. 1100  
City-State-Zip: SALT LAKE CITY UT 84111

Title           MANAGER  
Name           ARMSTRONG, DAVID K.  
Address        79 SOUTH MAIN ST, STE. 1100  
City-State-Zip: SALT LAKE CITY UT 84111

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAUL L. ALLEN

**MANAGER**

**04/26/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date