#### 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: /S/ WILLIAM A. MCARTHUR

MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

Title	MGR	Title	MGR
Name	ROLING, DANIEL A	Name	COVERDALE, WAYNE
Address	620 NO. CAMPBELL STATION RD. STE	Address	3212 WICKFORD DRIVE
City-State-Zip:	22 KNOXVILLE TN 37934	City-State-Zip:	WILIMINGTON NC 28409
		Title	MGR
Title	MGR	Name	HENDRIX, CHARLES N
Name	MCARTHUR, WILLIAM A		
Address	569 EDGEWOOD AVE SOUTH	Address	4728 AVON LANE
City-State-Zip:	JACKSONVILLE FL 32202	City-State-Zip:	JACKSONVILLE FL 32210

## 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

## Authorized Person(s) Detail :

Title	MGR	Title	MGR		
Name	ROLING, DANIEL A	Name	COVERDALE, WAYNE		
Address	620 NO. CAMPBELL STATION RD. STE	Address	3212 WICKFORD DRIVE		
0.1.01.01.0.7		City-State-Zip:	WILIMINGTON NC 28409		
City-State-Zip:	KNOXVILLE TN 37934				
Titlo	MGR	Title	MGR		
Title	MGR	Title Name	MGR HENDRIX, CHARLES N		
Name	MCARTHUR, WILLIAM A				
		Name Address	HENDRIX, CHARLES N 4728 AVON LANE		
Name	MCARTHUR, WILLIAM A	Name	HENDRIX, CHARLES N		

# DOCUMENT# L14000124999

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: THOMASTON PLANT MANAGEMENT, LLC

## **Current Principal Place of Business:**

35 EDGEWOOD AVENUE THOMASTON, GA 30286

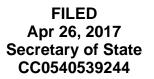
## **Current Mailing Address:**

620 NORTH CAMPBELL STATION ROAD STATION WEST STE 22 KNOXVILLE. TN 37934

## FEI Number: NOT APPLICABLE

## Name and Address of Current Registered Agent:

RAX CO. 50 N. LAURA STREET **SUITE 3300** JACKSONVILLE, FL 32202 US



Date

Certificate of Status Desired: No

04/26/2017 Date