

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000004892

**Entity Name:** TAMPA INTERNATIONAL FOREST PRODUCTS, LLC

**Current Principal Place of Business:**

4630 WOODLAND CORPORATE BLVD  
SUITE 155  
TAMPA, FL 33614

**FILED**  
**Apr 15, 2014**  
**Secretary of State**  
**CC9454848259**

**Current Mailing Address:**

PO BOX 4209  
PORTLAND, OR 97208

**FEI Number:** 20-1805470

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MGR  
Name BROWN, JOE  
Address 4630 WOODLAND CORPORATE BLVD,  
SUITE 155  
City-State-Zip: TAMPA FL 33614

Title MGR  
Name JOHNSTON, CRAIG  
Address 10250 SW GREENBURG RD, #300  
City-State-Zip: PORTLAND OR 97223

Title MGR  
Name CODER, DERRICK  
Address 10250 SW GREENBURG RD, #300  
City-State-Zip: PORTLAND OR 97223

Title ASEC  
Name NEIL, CARL  
Address 1300 SW FIFTH AVE, # 3400  
City-State-Zip: PORTLAND OR 97201

*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:** DERRICK CODER

**SECRETARY**

**04/15/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date