

LD600005918

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wood Capital Research, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert M. Wood  
(Name of Person)

Wood Capital Research, LLC  
(Firm/Company)

22637 Lauridale Dr.  
(Address)

Lutz, FL 33549-8788  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert M. Wood at ( 813 ) 949 4743  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

~~\$55 Filing Fee & Certified Copy~~



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: WOOD CAPITAL RESEARCH, LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L06000005918

4. I, Debbie L. Wood, hereby resign as a Managing Member  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Debbie L. Wood  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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DIVISION OF CORPORATIONS