

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000021071

FILED  
Feb 16, 2011  
Secretary of State

**Entity Name:** WOODS, WEIDENMILLER & MICHETTI, P.L.

**Current Principal Place of Business:**

5150 TAMiami TRAIL NORTH, SUITE 603  
NAPLES, FL 34103 US

**New Principal Place of Business:**

5150 TAMiami TRAIL NORTH  
SUITE 603  
NAPLES, FL 34103 US

**Current Mailing Address:**

5150 TAMiami TRAIL NORTH, SUITE 603  
NAPLES, FL 34103 US

**New Mailing Address:**

5150 TAMiami TRAIL NORTH  
SUITE 603  
NAPLES, FL 34103 US

**FEI Number:** 27-1984393

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WEIDENMILLER, CASEY K  
5150 TAMiami TRAIL NORTH, SUITE 603  
NAPLES, FL 34103 US

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

WEIDENMILLER, CASEY K  
5150 TAMiami TRAIL NORTH  
SUITE 603  
NAPLES, FL 34103 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:** CASEY K. WEIDENMILLER

02/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** WEIDENMILLER, CASEY K  
**Address:** 5150 TAMiami TRAIL NORTH, SUITE 603  
**City-St-Zip:** NAPLES, FL 34103 US

**Title:** MGRM  
**Name:** MICHETTI, MICHAEL L  
**Address:** 5150 TAMiami TRAIL NORTH, SUITE 603  
**City-St-Zip:** NAPLES, FL 34103

**Title:** MGRM  
**Name:** WOODS, GREGORY N  
**Address:** 5150 TAMiami TRAIL NORTH, SUITE 603  
**City-St-Zip:** NAPLES, FL 34103 US

I hereby 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:** CASEY K. WEIDENMILLER

MGRM

02/16/2011

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