Certificate of Status Desired: Yes	
09/2021	
Date	

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.

MGRM

SIGNATURE: BETTY WOODCOCK

Electronic Signature of Signing Authorized Person(s) Detail

## DOCUMENT# L17000051035

# Entity Name: WOODCOCK PAINTING OF NW FLORIDA LLC

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

2324 PAWNEE DR NAVARRE, FL 32566

## **Current Mailing Address:**

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04/09/2021

FILED Apr 09, 2021 Secretary of State 0535245612CC

Date