that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EDMUNDO GONZALEZ
Electronic Signature of Signing Authorized Person(s) Detail

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000034941

Entity Name: WOOD STORE SERVICES LLC

Current Principal Place of Business:

16475 GOLF CLUB RD. SUITE # 304 WESTON, FL 33326

Current Mailing Address:

16475 GOLF CLUB RD. SUITE # 304 WESTON, FL 33326 US

FEI Number: 83-3431183

Name and Address of Current Registered Agent:

PEAK CORP 16475 GOLF CLUB RD. SUITE # 304 WESTON, FL 33326 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

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	GONZALEZ, EDMUNDO	Name	DIMITROV, DUBRASKA P
Address	16475 GOLF CLUB RD. SUITE # 304	Address	16475 GOLF CLUB RD. SUITE # 304
City-State-Zip:	WESTON FL 33326	City-State-Zip:	WESTON FL 33326

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

AMBR

FILED Apr 28, 2021 Secretary of State 6528904597CC

Certificate of Status Desired: No

04/28/2021

Date