

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001141

1. Entity Name
WOOD MEMORY L.L.C.

Principal Place of Business

1565 MULLE LANE
NAPLES FL 34102

Mailing Address

1565 MULLE LANE
NAPLES FL 34102

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3626759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUCAS, ELAINE ESQ.
CARDILLO, KEITH & BONAQUIST
3550 EAST TAMiami TRAIL
NAPLES FL 34112-4905

7. Name and Address of New Registered Agent

Name Thierry Grounin

Street Address (P.O. Box Number is Not Acceptable)

1565 Mullet Lane

City Naples, FL

FL Zip Code 34102

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM GROUNIN, THIERRY ☐ Delete
STREET ADDRESS 1565 MULLE LANE
CITY-ST-ZIP NAPLES FL 34102

TITLE NAME MGRM HARRIS, S.A. ☐ Delete
STREET ADDRESS HILLION 22120 ZAC
CITY-ST-ZIP DES GRANDS CHAMPS, FRANCE

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 600003676246--0
CITY-ST-ZIP -02/13/01--01045--003
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

APPROVE
AND
FILED

01 FEB -5 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)