2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000001558

1. Entity Name

WOODHAVEN LLC



FILED Jan 31, 2003 8:00 am Secretary of State

01-31-2003 90064 043 ****50.00

Principal Place of Business 2889 HAMPER AVE. SUITE 107 HAMPER MODOS W. 46225 2. Principal Place of Business Suite, Agr. 4, etc.				THE TREE				
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Country Zip Country Zip Country Zip Country S. Certificate of Status Desired S. S. DD Additional Fee Required S. S. DD Additional Fee Required S. S. DD Additional Fee Required S. Name and Address of Current Registered Agent Name North Address of New Registered Agent Name North Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES .			
S. Name and Address of Current Registered Agent NORRIS, E. C 4731 NORTH A1A VERO BEACH FL 32983 City City FL City City FL City FL City FL City City FL City FL City	City & State		City & State		4. FEI Number	30 2010004		
NORRIS, E. C 4731 NORTH A1A VERO BEACH FL 32983 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered offlice or registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent and sell applicable. (NOTE Registered Agent and sell applicable.) SIGNATURE TILE MARC PRISTANCES MARAGING MEMBERS/MANAGERS NAME SIBER ADDRESS CITY-ST-2P TITLE N	Zip	<u> </u>		Country			Fee Require	
NORRIS, E. C 4731 NORTH A1A 1		6. Name and Address of Curre	Name					
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature				Street Address (P.O. Box Number is Not Acceptable)				
The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature			Street Address					
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SIGNATURE Signature Signa	8. The above	named entity submits this statemen	t for the purpose of changing its	s registered office or regist	tered agent, or both,	in the State of Florida.		and accept
Signature, Typed or printed name of registered Specia and III spiticable. (NOTE Registered Appent righted when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MGRIM PETZOLD, WILLIAM A 20030 HAPPER AVE. HARPER WOODS MI 48225 CITY-ST-ZIP TITLE STREET ADDRESS C	the obligati	ions of registered agent.		v				·
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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.	11. I hereby c indicated	ertify that the information supplied on this report is true and accurate a	with this filing does not qualify found that my signature shall have	or the exemption stated in State the same legal effect as if	Section 119.07(3)(i), made under oath; t	Florida Statutes. I furthe hat I am a managing m	er certify that the in nember or manage	nformation er of the

SIGNATURE: Clifford Norris, Agent SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01/24/03

Date

(772)231-0101

Daytime Phone #