

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90047 001 ****50.00

DOCUMENT # L01000007796

1. Entity Name

FOUR WOOD CONSULTING GROUP SERVICES, LLC



Principal Place of Business

Mailing Address

**1051 SHOTGUN RD
33326 FL 33071**

**1500 UNIVERSITY DR., STE 115
CORAL SPRINGS FL 33071**

20007200



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1109335**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRINLEY, PAUL T
1675 PALM BEACH LAKES BLVD., STE 700
WEST PALM BEACH FL 33401**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	D	<input type="checkbox"/> Delete
NAME	RYAN, SHERRY M	
STREET ADDRESS	10415 NW 69 MANOR	
CITY-ST-ZIP	POMPANO BEACH FL 33076	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RYAN, THOMAS J	
STREET ADDRESS	10415 NW 69 MANOR	
CITY-ST-ZIP	POMPANO BEACH FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
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]
SIGNATURE REQUIRED

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

1/11/03

Date

Daytime Phone #

**954-752
6303**

CR2E083 (10/02)

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