

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90233 006 ****50.00

DOCUMENT # L02000001189

1. Entity Name

WOOLEVER PROPERTIES, LLC



Principal Place of Business

5352 EMERSON RD
BROOKSVILLE FL 34601

Mailing Address

P.O. BOX 10263
BROOKSVILLE FL 34603

2. Principal Place of Business

21196 POWELL RD.

3. Mailing Address

Suite, Apt. #, etc.



MOORE

CR2E083 (11/03)

City & State

BROOKSVILLE, FL

City & State

4. FEI Number

02-0573020

Applied For

Not Applicable

Zip
34604

Country
US

Zip

Country

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

WOOLEVER, RAYMOND D
5352 EMERSON RD
BROOKSVILLE FL 34601

Name

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

2008 NW 15th ST.

City
CRYSTAL RIVER

FL

Zip Code
34428

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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME WOOLEVER, RAYMOND D
STREET ADDRESS 5352 EMERSON RD
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE MGRM ☐ Delete
NAME WOOLEVER, SUSAN L
STREET ADDRESS 5352 EMERSON RD
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2008 NW 15th ST.
CITY-ST-ZIP CRYSTAL RIVER, FL 34428

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2008 NW 15th ST.
CITY-ST-ZIP CRYSTAL RIVER, FL 34428

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TITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Susan L. Woolever

Susan L. Woolever

01/30/04

352-
796-0229