

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 25, 2008 08:00 AM
Secretary of State**

DOCUMENT # L02000031026

1. Entity Name
WOODPECKER INDUSTRIES LLC



Principal Place of Business

**9951 ATLANTIC BLVD
232
JACKSONVILLE, FL 32225**

Mailing Address

**9951 ATLANTIC BLVD
232
JACKSONVILLE, FL 32225**



01042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0540650

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOULD, STEPHEN A
920 THIRD STREET SUITE D
NEPTUNE BEACH, FL 32266**

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GORDON, RUSSELL
STREET ADDRESS	9951 ATLANTIC BLVD ST 232
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	MGRM
NAME	MISURACA, VINCENT
STREET ADDRESS	9951 ATLANTIC BLVD STE 232
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	MGRM
NAME	TEELON, CHARLES W
STREET ADDRESS	9951 ATLANTIC BLVD STE 232
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000921757
05/15/08-80019-011 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

4/23/08

Date

(904)724-7330

Daytime Phone #