

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000032324

1. Entity Name

WOODALL PROPERTY GROUP, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1 INDEPENDENT DRIVE

Suite, Apt. #, etc.

SUITE 100

City & State

JACKSONVILLE, FL

Zip

32202

Country

3. Mailing Address

P O BOX 351263

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32235

Country

4. FEI Number

03-0502666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

55055590

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

WOODALL, M. KEVIN

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

1 INDEPENDENT DRIVE

SUITE 100

City

JACKSONVILLE

FL

Zip Code
32202

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
WOODALL, M. KEVIN
1710 CHANDELIER CIRCLE EAST
JACKSONVILLE, FL 32225

TITLE
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CITY-ST-ZIP

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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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

8/29/03

CR2E083B (12/02)