## **2005 LIMITED LIABILITY COMPANY** ANNUAL REPORT (AR)

## FILED Feb 02, 2005 8:00 am

DOCUMENT # L0300000773  1. Entity Name  WOOD TREATERS, LLC					Secretary of State 02-02-2005 90153 035 ****50.00			
<u>'</u>	e of Business	Mailing Address						
ELBERTA A	L 36530 Take - 1	P.O. BOX 41604 LACKSONVILLE FL-32	203	المعار والمستعدد المغاد	المراد المناسنية المناسنية المناسنية	profession of the same of	Andrews Marie	<b>.</b>
	A few frameworks and a few	Land of the State of the Land of the	A Prompto	riterit damentia sti ven da	1 11 11 11 11 11 11 11 11 11 11 11 11 1		11111111111111111111111111111111111111	es Million
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE	CR2E083 (10	)/04)	_	
City & State		City & State		4. FEI Number 47-0903719		Not	olied For Applicable	
Zip Country		Zip	Country		5. Certificate of Status Desired		00 Addit Required	
	6. Name and Address of Curren	t Registered Agent	L		7. Name and Address of New Re			
				Name				
HILL, STAN W 2610 FAIRFAX STREET				Street Address (P.O. Box Number is Not Acceptable)				
	CKSONVILLE FL 32209							
				- 0%		[-	- Ol-	
				City		r <sub>L</sub>	ip Code	
	named entity submits this statement factors of registered agent.	or the purpose of changing its	register	ed office or registe	ered agent, or both, in the State of Flori	da. I am familia	ar with, a	ind accept
SIGNATURE								<u> </u>
<u> </u>	Signature, typed or printed name of registered agen	and title d'applicable (NOTI	Registere	d Agent signature require	od when reinstating)	DATE		
		Make Check Payab	le to Fl	FEE IS \$50.00 orida Departme ay 1, 2005				
9.	MANAGING MEMB	ERS/MANAGERS	10.	<u>. 181799999971 1</u>	ADDITIONS/C	HANGES		
TITLE	P	☐ Delete	TITL	E			Change	Addition
NAME	WOERNER, NORMAN L		NAN					
STREET ADDRESS CITY-ST-ZIP	12990 COUNTY ROAD 95 ELBERTA AL 36530	4		EET ADDRESS (- \$t - Zip				
TITLE	VPS	☐ Delete	TITL	E			Change	Addition
NAME	HILL, STAN W		NAN		<b>.</b>			
STREET ADDRESS CITY-ST-ZIP	2610 FAIRFAX STREET JACKSONVILLE FL 32209		- 1	EET ADDRESS '-ST-ZIP				
TITLE	UNORSOITVILLE I E SZZOS	☐ Delete	TITE			П	Change	Addition
NAME			NAN	Į.	Q The state of the			
STREET ADDRESS				EET ADDRESS	<del></del>			
CITY-ST-ZIP		——————————————————————————————————————	_	r-ST-ZIP	<del></del>		<u></u>	
TITLE .		☐ Delete	TITE	(	*/	□,	Change	☐ Addition
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP			CITY	Y-SI-ZIP		·		
TITLE		☐ Delete	TITL				Change	Addition
NAME STREET ADDRESS	•		NAN STR	AE EE1 ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		☐ Detete	TITL	.E			Change	Addition
NAME			NAM					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP		al alia 61:	Lul'	Y-ST-ZIP	Coation 110 07/2Vi) Florido Statutos I	further portify th		f

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: MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE