


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90006 015 \*\*\*\*50.00

|                                      |  |   |
|--------------------------------------|--|---|
| <b>DOCUMENT # L03000000773</b>       |  |  |
| 1. Entity Name<br>WOOD TREATERS, LLC |  |   |

|  |   |
|--|---|
| Principal Place of Business<br>12990 COUNTY ROAD 95<br>ELBERTA, AL 36530 | Mailing Address<br>P.O. BOX 41604<br>JACKSONVILLE, FL 32203 |
|--|---|

20012636



|  |   |
|--|---|
| 2. Principal Place of Business<br>2610 Fairfax St. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|--|---|

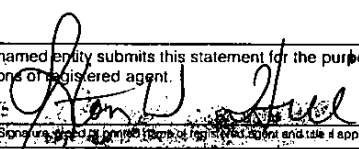
01242006 Chg-LLC CR2E083 (11/05)

|                                 |                |                             |                               |
|---------------------------------|----------------|-----------------------------|-------------------------------|
| City & State<br>Jacksonville FL | City & State   | 4. FEI Number<br>47-0903719 | Applied For<br>Not Applicable |
| Zip<br>32207                    | Country<br>USA | Zip                         | Country                       |

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br><br>HILL, STAN W<br>2610 FAIRFAX STREET<br>JACKSONVILLE, FL 32209 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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  DATE

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>WOERNER, NORMAN L<br>12990 COUNTY ROAD 95<br>ELBERTA, AL 36530 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPS<br>HILL, STAN W<br>2610 FAIRFAX STREET<br>JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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  CEO 1/24/06 904-358-2507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Stan W. Hill

666 #7