

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90210 008 \*\*\*\*50.00

**DOCUMENT # L03000000773**

1. Entity Name  
**WOOD TREATERS, LLC**



Principal Place of Business  
**2610 FAIRFAX ST**  
**JACKSONVILLE, FL 32207**

Mailing Address  
**P.O. BOX 41604**  
**JACKSONVILLE, FL 32203**

**20000269**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip **32209**

Country

Zip

Country

01022007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**47-0903719**

Applied For  
Not Applicable

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

**HILL, STAN W**  
**2610 FAIRFAX STREET**  
**JACKSONVILLE, FL 32209**

Name

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

City

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

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

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **P** ☐ Delete  
NAME **WOERNER, NORMAN L**  
STREET ADDRESS **12990 COUNTY ROAD 95**  
CITY - ST - ZIP **ELBERTA, AL 36530**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **VPS** ☐ Delete  
NAME **HILL, STAN W**  
STREET ADDRESS **2610 FAIRFAX STREET**  
CITY - ST - ZIP **JACKSONVILLE, FL 32209**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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CITY - ST - ZIP

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CITY - ST - ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**Stan W. Hill, CEO**

**1/5/07**

**904-358-2507**