

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000016795

1. Entity Name

SHERWOOD PROPERTIES, LLC



Principal Place of Business

**6304 BENJAMIN ROAD, SUITE 503
TAMPA FL 33634**

Mailing Address

**6304 BENJAMIN ROAD, SUITE 503
TAMPA FL 33634**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

City & State

4. FEI Number

56-2360793

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**WOLFE, RANDOLPH J
100 N. TAMPA STREET, SUITE 2700
TAMPA FL 3362**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DOW SHERWOOD CORPORATION
6304 BENJAMIN ROAD, SUITE 503
TAMPA FL 33634** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**U00000429933
02/22/06-80026-013 50.00** ☐ Change ☐ Add

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: James C. Walker *James Walker* **1/25/06** **(813) 885-54**