

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90023 014 ****50.00

DOCUMENT # L04000003336

1. Entity Name

WOODS MAINTENANCE, LLC



Principal Place of Business
14713 NW 103 TERRACE
ALACHUA FL 32615

Mailing Address
14713 NW 103 TERRACE
ALACHUA FL 32615



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number
20-0545875

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

CRAIG, NORMAN
1135 NW 23 AVENUE, SUITE M
GAINESVILLE FL 32609

Name
WOOD, CHARLES A

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

14710 NW 103 TERR

City
ALACHUA

FL

Zip Code
32615

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

Charles A. Wood
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

3/6/06

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
P
WOOD, CHARLES A
14710 NW 103 TERR
ALACHUA FL 32615 ☐ Delete

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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:

Charles A. Wood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/6/06

Date

Daytime Phone #