

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

01-17-2006 90058 041 ****55.00

DOCUMENT # L04000006034

1. Entity Name
WOODWORKS BY DAVID LAIER, LLC



Principal Place of Business
**284 CHERRY LAUREL LANE
WINTER HAVEN, FL 33880-1221**

Mailing Address
**284 CHERRY LAUREL LANE
WINTER HAVEN, FL 33880-1221**

30000503



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
33-1002469

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

**LAIER, DAVID
284 CHERRY LAUREL LANE
WINTER HAVEN, FL 33880-1221**

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: *David L. L.*

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

(NOTE: Registered Agent signature required when reappointing)

DATE

2-3-06

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
LAIER, DAVID
284 CHERRY LAUREL LANE
WINTER HAVEN, FL 338801221**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
LAIER, DEBOCAN
284 CHERRY LAUREL LANE
WINTER HAVEN, FL 33880-1221**

☐ Change ☒ Addition

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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: *David L. L.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-3-06



ATTACHMENT

30000503

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 23, 2006

WOODWORKS BY DAVID LAIER, LLC
284 CHERRY LAUREL LANE
WINTER HAVEN, FL 33880-1221

Subject: **WOODWORKS BY DAVID LAIER, LLC**

Reference Number: **L04000006034**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE
ANNUAL REPORTS SECTION

*Signed:
mailed 2/8/06*