

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007387

FILED
Jun 05, 2007
Secretary of State

Entity Name: WOODSTOCK CUSTOM WOODWORKING, LLC

Current Principal Place of Business:

3079 GODWIN LANE
PENSACOLA, FL 32526

New Principal Place of Business:

3215 SANDY LANE
PENSACOLA, FL 32526

Current Mailing Address:

3079 GODWIN LANE
PENSACOLA, FL 32526

New Mailing Address:

3215 SANDY LANE
PENSACOLA, FL 32526

FEI Number: 03-0522448 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROCKWELL ACCOUNTING, LLC
912 W MICHIGAN AVE
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOPKINS, ROY K
Address: 3079 GODWIN LANE
City-St-Zip: PENSACOLA, FL 32526

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HOPKINS, ROY K
Address: 3215 SANDY LANE
City-St-Zip: PENSACOLA, FL 32526

Title: MGRM () Change (X) Addition
Name: MAXWELL, AUSTIN
Address: 3215 SANDY LANE
City-St-Zip: PENSACOLA, FL 32526

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROY HOPKINS

MGRM

06/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date