

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000021811**

1. Entity Name  
**SHERWOOD ISLES, LLC**



Principal Place of Business  
**2322 LAKELAND HILLS BLVD.  
LAKELAND, FL 33805**

Mailing Address  
**2322 LAKELAND HILLS BLVD.  
LAKELAND, FL 33805**



01272006 No Chg- LLC

CRZE083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0934045**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WARNOCK, CARL C JR.  
2322 LAKELAND HILLS BLVD.  
LAKELAND, FL 33805**

**DO NOT WRITE  
IN THIS SPACE**

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 retitling)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2008**

000000423269  
04/11/06-80110-023 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
WARNOCK, JR., CARL C.  
P.O. BOX 92047  
LAKELAND, FL 33804**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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IN THIS SPACE**

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 800, Florida Statutes.

**SIGNATURE:** Carl C. Warnock, Jr. **CARL C. WARNOCK, JR.** 3/22/06 (863) 683-5050

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

Date

Daytime Phone #