


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000021811</b> 1. Entity Name SHERWOOD ISLES, LLC	
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Principal Place of Business 2322 LAKELAND HILLS BLVD. LAKE LAND, FL 33805	Mailing Address 2322 LAKELAND HILLS BLVD. LAKE LAND, FL 33805
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**DO NOT WRITE IN THIS SPACE**



04172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0934045	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WARNOCK, CARL C JR.  
2322 LAKELAND HILLS BLVD.  
LAKE LAND, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	U000000911271 05/07/08-80033-019 138.75
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9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGR WARNOCK, JR., CARL C. P.O. BOX 92047 LAKE LAND, 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 608, Florida Statutes.

**SIGNATURE:** Carl C. Warnock, Jr. **Carl C. Warnock, Jr.** 4/17/08 (863) 683-5050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #