

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069268

FILED
Jan 24, 2007
Secretary of State

Entity Name: WOODS RESTORATION SERVICES, LLC

Current Principal Place of Business:

651 8TH COURT
VERO BEACH, FL 32962 US

New Principal Place of Business:

Current Mailing Address:

398 STAMM ROAD
NEWINGTON, CT 06111 US

New Mailing Address:

FEI Number: 20-1659648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVIES, INC.
2731 EXECUTIVE PARK, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK, SUITE 4
WESTON, FL 33331 US

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: LISA REEVES

01/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WOODS, PHILIP
Address: 398 STAMM ROAD
City-St-Zip: NEWINGTON, CT 06111 US

Title: MGRM () Delete
Name: WOODS, MARTIN
Address: 398 STAMM ROAD
City-St-Zip: NEWINGTON, CT 06111 US

Title: MGRM () Delete
Name: WOODS, TIMOTHY
Address: 398 STAMM ROAD
City-St-Zip: NEWINGTON, CT 06111 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PHILIP WOODS

MBR

01/24/2007

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