

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000077320

Entity Name: JUSTIN THOMAS WOODS, LLC

**FILED**  
**Mar 14, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

602 NOTRE DAME DR.  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

5083 GREAT OAK LN  
SANFORD, FL 32771

**Current Mailing Address:**

602 NOTRE DAME DR.  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

5083 GREAT OAK LN  
SANFORD, FL 32771

FEI Number: 74-3132979

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOODS, JUSTIN T  
602 NOTRE DAME DR.  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

WOODS, JUSTIN T  
5083 GREAT OAK LN  
SANFORD, FL 32771 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: JUSTIN WOODS

03/14/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WOODS, JUSTIN T  
Address: 5083 GREAT OAK LN  
City-St-Zip: SANFORD, FL 32771

I hereby 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: JUSTIN WOODS

MGRM

03/14/2010

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