


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90796 001 ****50.00

DOCUMENT # L04000092964	
1. Entity Name WOODBRIAR, LLC	

Principal Place of Business 2911 E. INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 31301	Mailing Address 2911 E. INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 31301
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20023500



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02232005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-2147033	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent THOMPSON, SUSAN S 3520 THOMASVILLE ROAD, 4TH FLOOR TALLAHASSEE, FL 32309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GHAZVINI, HOSSEIN 2911 E. INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 31301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2811-E Industrial Plaza Drive <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tallahassee, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GHAZVINI, MEHRDAD 2911 E. INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 31301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2811-E Industrial Plaza Drive <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tallahassee, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GHAZVINI, MEHRAN 2911 E. INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 31301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2811-E Industrial Plaza Drive <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tallahassee, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASBURY, THOMAS 2911 E. INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 31301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2811-E Industrial Plaza Drive <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tallahassee, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 

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

Date

Daytime Phone #