2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 06, 2008 8:00 am
Secretary of State
02-07-2008 90090 014 ***138.75

DOCUMENT # L05000008883

1. Entity Name
WOODIES RESTAURANT, LLC

Principal Place of Business	Mailing Address
3622 SOTA ROAD GROVELAND FL 34736 US	3622 SOTA ROAD GROVELAND FL 34736 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
117 W MAIN ST	18649 BAKER RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LEESBURG FLA	City & State: UMATILLA FL
Zip: 34748 Country: LAKE	Zip: 32784 Country: LAKE

1st MOORE CR2E083 (10/07)

4. FEI Number: 20-2256670 — APPLIED FOR — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOOD, RAY S 3622 SOTA ROAD GROVELAND FL 34736	Name: RAY S. WOOD Street Address (P.O. Box Number is Not Acceptable): 18649 BAKER RD City: UMATILLA FL FL Zip Code: 32784

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: Ray S Wood 1-28-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOOD, RAY S 3622 SOTA ROAD GROVELAND FL 34736	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 18649 BAKER RD UMATILLA FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOOD, CAROL A 3622 SOTA ROAD GROVELAND FL 34736	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 18649 BAKER RD UMATILLA FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ray S Wood 1-28-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

352 250 1545