

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 11, 2008 8:00 am
Secretary of State

08-11-2008 90027 031 ***138.75

DOCUMENT # L05000026636

1. Entity Name
UNDERWOOD GROUP, LLC



Principal Place of Business
**3700 N PALAFOX ST.
PENSACOLA, FL 32505**

Mailing Address
~~**2404 SWEET HEART LN
PENSACOLA, FL 32526**~~

50009270



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
5020 Skylark CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08052008 Chg-LLC CR2E083 (12/06)

City & State

City & State
Pensacola, FL

4. FEI Number
20-3886900

Applied For
Not Applicable

Zip Country

Zip Country

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

**UNDERWOOD, TANYA M
2404 SWEET HEART LN
PENSACOLA, FL 32526**

Name

Street Address (P.O. Box Number is Not Acceptable)

5020 Skylark CT

City

Pensacola

FL

Zip Code

32505

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

8/5/08
DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **UNDERWOOD, TANYA M**
CITY-ST-ZIP **2404 SWEET HEART LN
PENSACOLA, FL 32526**

TITLE ☐ Change ☐ Addition
NAME **5020 Skylark CT**
STREET ADDRESS **Pensacola, FL 32505**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **UNDERWOOD, ROBERT W**
CITY-ST-ZIP **2404 SWEET HEART LN
PENSACOLA, FL 32526**

TITLE ☐ Change ☐ Addition
NAME **5020 Skylark CT**
STREET ADDRESS **Pensacola, FL 32505**
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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:

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

8/5/08 (050) 437-0747
Date Daytime Phone #