

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000042878

1. Entity Name

EXOTIC WOOD DASH L.L.C.



FILED

Jan 24, 2007 08:00 AM

Secretary of State



Principal Place of Business
7171 NORTH 9TH AVENUE
SUITE G-1
PENSACOLA FL 32504
US

Mailing Address
7171 NORTH 9TH AVENUE
SUITE G-1
PENSACOLA FL 32504
US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country

1st MOORE CR2E083 (10/06)

4. FEI Number 56-2514782
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ELKHOURI, PIERRE
7171 NORTH 9TH AVENUE
SUITE G-1
PENSACOLA FL 32504

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 reissuing) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ELKHOURI, PIERRE 7171 NORTH 9TH AVENUE SUITE G-1 PENSACOLA FL 32504	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	U000000602394 01/26/07-80087-020 55.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
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: _____

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

Date

Daytime Phone #

01/20/07