


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000070186</b> 1. Entity Name <b>MCWOOD LLC</b>	
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Principal Place of Business <b>1410 EDGAR ST WEST PALM BEACH, FL 33401</b>	Mailing Address <b>1410 EDGAR ST WEST PALM BEACH, FL 33401</b>
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**DO NOT WRITE IN THIS SPACE**

01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**20-3159313**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MICHAEL J MCGOEY CPA INC  
639 EAST OCEAN AVE  
SUITE 101  
BOYNTON BEACH, FL 33435**

**DO NOT WRITE  
IN THIS SPACE**

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, 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**

U00000829816  
02/26/08-80057-012 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGRM</b>
NAME	<b>WOOD, JACK</b>
STREET ADDRESS	<b>1410 EDGAR ST</b>
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>

TITLE	<b>MGRN</b>
NAME	<b>MCDERMOTT, PAUL</b>
STREET ADDRESS	<b>2590 PALM ROAD</b>
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33406</b>

TITLE
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IN THIS SPACE**

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:**

*Jack M Wood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*JACK M WOOD*

Date

*2/13/08*

Daytime Phone #

*(561) 832-0801*