

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

06-16-2006 90001018 \*\*\*\*50.00  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000075867

1. Entity Name  
TONY WOOD LLC



Principal Place of Business  
6051 81ST TERR N  
PINELLAS PARK, FL 33781

Mailing Address  
6051 81ST TERR N  
PINELLAS PARK, FL 33781



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05242006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

01-0564852

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

WOOD, TONY  
6051 81ST TERR N  
PINELLAS PARK, FL 33781

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

6-13-06

Filing Fee is \$50.00  
Due by September 6, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
WOOD, TONY  
6051 81ST TERR N  
PINELLAS PARK, FL 33781

☐ Delete

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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

Date

Daytime Phone #

6-13-06