

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000010844

Entity Name: WOODSENSATIONS, LLC

FILED  
Jun 09, 2009  
Secretary of State

## Current Principal Place of Business:

1680 TILLEY AVE. UNIT #11  
CLEARWATER, FL 33756

## New Principal Place of Business:

8300 ULMERTON RD.  
#122  
LARGO, FL 33771

## Current Mailing Address:

1680 TILLEY AVE. UNIT #11  
CLEARWATER, FL 33756

## New Mailing Address:

2108 ALLARD DR.  
CLEARWATER, FL 33763

FEI Number: 27-0137228

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

COBLER, PAMELA J  
10345 112TH ST. N.  
LARGO, FL 33778 US

## Name and Address of New Registered Agent:

BARNETT, PAMELA J  
2108 ALLARD DR.  
CLEARWATER, FL 33763 US

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.

SIGNATURE: PAMELA J BARNETT

06/09/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: COBLER, PAMELA J  
Address: 10345 112TH ST. N.  
City-St-Zip: LARGO, FL 33778

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: BARNETT, PAMELA J  
Address: 2108 ALLARD DR.  
City-St-Zip: CLEARWATER, FL 33763

Title: PMGR ( ) Change (X) Addition  
Name: BARNETT, BRUCE A  
Address: 2108 ALLARD DR.  
City-St-Zip: CLEARWATER, FL 33763

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAMELA J BARNETT

MGR

06/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date