2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 04, 2007
Secretary of State

DOCUMENT# L06000024605

Entity Name: WOODALE LLC

Current Principal Place of Business:

3615 S FLORIDA AVE
STE 1210
LAKELAND, FL 33803

New Principal Place of Business:

4125 FOREST HILLS DRIVE
LAKELAND, FL 33813 US

Current Mailing Address:

3115 S HILLTOP AVE
LAKELAND, FL 33803

New Mailing Address:

4125 FOREST HILLS DRIVE
LAKELAND, FL 33813 US

FEI Number: 14-1954988 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

YORK, SHAUN D
3115 S HILLTOP AVE
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

WILBUR, MATTHEW W
4125 FOREST HILLS DRIVE
LAKELAND, FL 33813 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: MATTHEW W WILBUR 09/04/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	WILBUR, MATTHEW W	
Address:	4125 FORESTS HILLS DR	
City-St-Zip:	LAKELAND, FL 33813 US	
Title:	MGRM	(X) Delete
Name:	PRUITT, MICHAEL A	
Address:	4125 FORESTS HILLS DR	
City-St-Zip:	LAKELAND, FL 33813 US	
Title:	MGRM	(X) Delete
Name:	BLAIR, THOMAS A	
Address:	801 HIBISCUS DR #2	
City-St-Zip:	LAKELAND, FL 33803 US	
Title:	MGRM	(X) Delete
Name:	BATES, RYAN	
Address:	744 RUSHING AVE	
City-St-Zip:	LAKELAND, FL 33801 US	
Title:	MGRM	(X) Delete
Name:	STREETS, JONATHAN C	
Address:	5040 SHADY LAKE LANE	
City-St-Zip:	LAKELAND, FL 33813 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: MATTHEW W WILBUR MM 09/04/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date