

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050332

FILED  
Mar 15, 2008  
Secretary of State

Entity Name: WOODMARK DESIGNS LLC

**Current Principal Place of Business:**

3650 GATLIN DRIVE  
VIERA, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

3650 GATLIN DRIVE  
VIERA, FL 32955

**New Mailing Address:**

FEI Number: 20-4815564

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOWLDS, PATSY A  
3650 GATLIN DRIVE  
VIERA, FL 32955 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BOWLDS, PATSY A  
Address: 3650 GATLIN DRIVE  
City-St-Zip: VIERA, FL 32955

Title: MGRM ( ) Delete  
Name: BOWLDS, JAMES M  
Address: 3650 GATLIN DRIVE  
City-St-Zip: VIERA, FL 32955

Title: MGRM (X) Delete  
Name: FUELL, JOSEPH P  
Address: 12256 FLORIDA AV  
City-St-Zip: STUART, FL 34994

**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:

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: PATSY A BOWLDS

MGRM

03/15/2008

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