## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000060032

1. Entity Name
WOODETTE LLC



FILED Apr 07, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

12226 GARDEN LAKE CIRCLE ODESSA, FL 33556

12226 GARDEN LAKE CIRCLE ODESSA, FL 33556



02292008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number	· I	Applied For
	20-5360632		Not Applicable
5.	Certificate of Status Desired	\$5.00 Fee Rec	Additional

6. Name and Address of Current Registered Agent

PLETCHER, JOHN J 12226 GARDEN LAKE CIRCLE ODESSA, FL 33556

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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 U00000883783 04/17/08-80017-018 138.75

9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	PLETCHER, JOHN J		
STREET ADDRESS	12226 GARDEN LAKE CIRCLE		
CITY-ST-ZIP ODESSA, FL 33556			
TITLE	MGRM		
NAME	IRESON, SAM		
STREET ADDRESS	SS 17717 WALL CIRCLE		
CITY-SI-ZIP	REDINGTON SHORES, FL 33708		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME	:		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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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, OR AUTHORIZED REPRESENTATIVE

2/29/08 8132936994

Daytime Phone #