

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000064996

1. Entity Name
WOOD DOCTORS, LLC



Principal Place of Business
10880 7TH AVE GULF
MARATHON, FL 33050 US

Mailing Address
10880 7TH AVE GULF
MARATHON, FL 33050 US

2007 NOV -6 PM 5:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

329 29th St

3. Mailing Address

P.O. Box 411 Juliette Jones
P.O. Box 411

10182007 REIN-LLC CR2E101 (1/07)

City & State

Marathon FL

City & State

Marathon FL

4. FEI Number
20-5156452

Applied For
Not Applicable

Zip
33050

Country
U.S.

Zip
33050

Country
U.S.

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM
NAME JONES, JULIETTE A
STREET ADDRESS 10880 7TH AVE GULF
CITY-ST-ZIP MARATHON, FL 33050 ☐ Delete

TITLE MGRM
NAME BRINDEL, CHRISTIAN
STREET ADDRESS 10880 7TH AVE GULF
CITY-ST-ZIP MARATHON, FL 33050 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE MGRM
NAME Jones Juliette
STREET ADDRESS P.O. Box 411
CITY-ST-ZIP Marathon FL 33050 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME REINSTATEMENT
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME LS
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

10/19/07 461-474-2794

Date

Daytime Phone #