

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083201

Entity Name: WOODGIFTSUSA, LLC

FILED  
Sep 04, 2007  
Secretary of State

## Current Principal Place of Business:

212 PILOT STREET  
BOCA GRANDE, FL 33921

## New Principal Place of Business:

1951 B NEBRASKA AVENUE  
ENGLEWOOD, FL 34224

## Current Mailing Address:

P.O. BOX 1351  
BOCA GRANDE, FL 33921

## New Mailing Address:

1951 B NEBRASKA AVENUE  
ENGLEWOOD, FL 34224

FEI Number: 16-1780281      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:

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD., STE. 101  
TALLAHASSEE, FL 323012960 US

## Name and Address of New Registered Agent:

STEPHEN, STEPHEN D OWNER  
1951 B NEBRASKA AVENUE  
ENGLEWOOD, FL 34224 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: STEPHEN D. GOFF

09/04/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GOFF, STEPHEN  
Address: 212 PILOT STREET  
City-St-Zip: BOCA GRANDE, FL 33921

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: GOFF, STEPHEN D  
Address: 1951 B NEBRASKA  
City-St-Zip: ENGLEWOOD, FL 34224

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: STEPHEN D. GOFF

MGRM

09/04/2007

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