

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90034 007 \*\*\*\*50.00

**DOCUMENT # L06000110502**

1. Entity Name  
**THE WOOD BIN, L.L.C.**



Principal Place of Business  
**22744 NORTHWEST 188TH STREET  
HIGH SPRINGS, FL 32643**

Mailing Address  
**22744 NORTHWEST 188TH STREET  
HIGH SPRINGS, FL 32643**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-5895847**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KRUEGER, SCOTT DAVID  
2750 NORTHWEST 43RD STREET, SUITE 201  
GAINESVILLE, FL 32606**

7. Name and Address of New Registered Agent

Name **Buxton, Romona**  
Street Address (P.O. Box Number is Not Acceptable)  
**22744 NW 188th Street**  
City **High Springs** FL Zip Code **32643**

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 **Romona Buxton**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-12-07**  
DATE

Filing Fee is \$50.00  
Due by May 1, 2007

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **BUXTON, RAMONA**  
STREET ADDRESS **22744 NORTHWEST 188TH STREET**  
CITY-ST-ZIP **HIGH SPRINGS, FL 32643**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **Buxton, Romona**  
STREET ADDRESS **22744 NW 188 ST**  
CITY-ST-ZIP **High Springs, FL 32643**

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Romona Buxton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4-12-07 (86) 454-0554**

Date Daytime Phone #