


FILED
Apr 04, 2008 8:00 am
Secretary of State

60019732


DOCUMENT # L06000110502

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



04-04-2008 90135 019 ***138.75

60019732



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 #

Suite, Apt. #, etc.

City & State

ZipCountry

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZipCountry

04022008Chg-LLCCR2E083 (12/06)

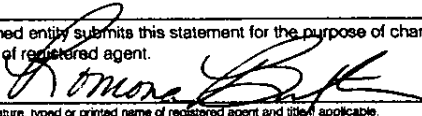
4. FEI Number
20-5895847

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BUXTON, ROMANA
22744 NW 188TH ST
HIGH SPRINGS, FL 32643

7. Name and Address of New Registered Agent
Name Buxton, Romana
Street Address (P.O. Box Number is Not Acceptable)
22744 NW 188 ST
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  DATE 4-2-08
Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

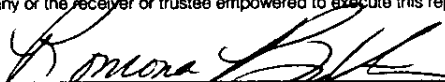
Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUXTON, ROMANA 22744 NW 188 ST HIGH SPRINGS, FL 32643	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE 4-2-08 (386) 454-0534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #