

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

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

DOCUMENT # L06000119463

1. Entity Name

TEAM WOODWARD, LLC



Principal Place of Business

1200 N LAKE OTIS DR. SE
WINTER HAVEN FL 33880

Mailing Address

1200 N LAKE OTIS DR. SE
WINTER HAVEN FL 33880



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

1st MOORE

CR2E083 (10/07)

4. FEI Number

NO-T APPLICABLE

Applicable For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LECOMPT, MORRIS A
800 SECOND AVENUE SOUTH, STE 380
ST. PETERSBURG FL 33701

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 is due (Applicable)

(NOTE: Registered agent's signature required when filing online)

DATE

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
MGRM
WOODWARD, SCOTT P
1200 NORTH LAKE OTIS DR SE
WINTER HAVEN FL 33880 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
U000000885344
04/18/08-80010-006 138.75

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
WOODWARD, KIMBERLY N
1200 NORTH LAKE OTIS DR SE
WINTER HAVEN FL 33880 ☐ Delete

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

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Scott P Woodward

Scott P Woodward

4-3-08

863-422-1197

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

Date

Phone Number