

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

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

03-04-2008 90103 017 ***138.75

DOCUMENT # L06000122890

1. Entity Name

ALL THINGS WOOD LLC



Principal Place of Business

4401 HELENA STREET
ST. PETERSBURG FL 33703
US

Mailing Address

1533 1ST AVE DR W
UNIT A
BRADENTON FL 34205
US



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

3. Mailing Address

4401 Helena St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Petersburg, FL

Zip

Country

Zip

Country

33703

4. FEI Number

20-8138452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

MARTIN, KERRY
1533 1ST AVE DR W
UNIT A
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name David E. Goff

Street Address (P.O. Box Number is Not Acceptable)

4401 Helena St

City St. Petersburg

FL

Zip Code

33703

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

David E. Goff

David E. Goff

2/26/08

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

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

TITLE MGRM ☐ Delete
NAME GOFF, DAVID E
STREET ADDRESS 4401 HELENA STREET
CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE MGRM ☒ Delete
NAME MARTIN, KERRY
STREET ADDRESS 1533 1ST AVE DR W, UNIT A
CITY-ST-ZIP BRADENTON FL 34205

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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

TITLE ☐ Change ☐ Addition
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 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:

David E. Goff

David E. Goff

2/26/08

727-432-2371

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

Date

Display Phone #