

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000027834

FILED
Aug 25, 2008
Secretary of State

Entity Name: WOODPECKER DAMAGE CONTROL COMPANY LLC

Current Principal Place of Business:

198 A CARIBBEAN RD.
A
NAPLES, FL 34108

New Principal Place of Business:

3195 70TH ST. SW
NAPLES, FL 34105

Current Mailing Address:

PO BOX 8802
NAPLES, FL 34101

New Mailing Address:

FEI Number: 77-0674391 **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:

WADSWORTH, BRUCE J
198 A CARIBBEAN RD.
A
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

WADSWORTH, BRUCE J
3195 70TH ST. SW
NAPLES, FL 34105 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: BRUCE J WADSWORTH

08/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES () Change (X) Addition
Name: WADSWORTH, BRUCE J
Address: 3195 70TH ST SW
City-St-Zip: NAPLES, FL 34105

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: BRUCE J WADSWORTH

PRES

08/25/2008

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