

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000027834

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** WOODPECKER DAMAGE CONTROL COMPANY LLC

**Current Principal Place of Business:**

3195 70TH ST. SW  
NAPLES, FL 34105

**New Principal Place of Business:**

**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 ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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 JAY WADSWORTH

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** PRES  
**Name:** WADSWORTH, BRUCE J  
**Address:** 3195 70TH ST SW  
**City-St-Zip:** NAPLES, FL 34105

I hereby 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 JAY WADSWORTH

PREZ

04/04/2011

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