2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/3/2008-90045-004-\$138.75-\$138.75

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DOCUMENT # L07000032348 1. Entity Name						FILED
SDS WOOD WORKING LLC					y	
Principal Plac	ce of Business	3	Mailing Address			7008 SEP 23 ₱ 1: 37
			AD			
SOUTHPORT FL 32409 FL			132HITCHCOCK ROAD SOUTHPORT FL 32409 FL			SECRETARY OF STATE
			3. Mailing Address	3. Mailing Address		1 (GRUNEN BIT STEW VERD TREND EUTH STEW STEW STEW STEW STEW STEW STEW STEW
Suite, Apt. #, etc.			Suite, Apt. *, etc.			2nd MOORE CR2E083 (4/08)
City & State			City & State			4. FEI Number Applied For HD 1862 172 Not Applicab
Zip	ļ	Country	Zip	Cou	ntry	5. Certificate of Status Desired S5.00 Additional Fee Required
	6. Name	and Address of Currer	nt Registered Agent			7. Name and Address of New Registered Agent
Name						<u> </u>
SMITH, SAMUEL D 132 HITCHCOCK ROAD SOUTHPORT FL 32409					Street Address	s (P.O. Box Number is Not Acceptable)
			•		City	FL Zip Code
R The should	named onth	Cultimite this statement	Ar the electric of changing	iaaad-a-	and office as expires	tered agent, or both, in the State of Florida an familiar with, and accept
the obligat	tions of registe	ered agent.	you was purpose of changing i	ns regisiei	ed onice or registe	tered agent, or both, in the State of Florida, I am tamiliar with, and accept
0.0147.00		enrill (Sind	-		X 27/08
SIGNATURE		or printed name of registered abo	nt and trie if applicable. (Ni	OTE Register	ed Agent signalurs require	red when remetating) DATE
•		 				
•			Make Check Paya		FEE IS \$538.75	late fee By chacking this how the limited lianille
•			1		ember 3, 2008	company certifies it did not receive prior notice. Fee to
				by Sepu	ember 3, 2006	; ∫ file is \$138.75
9.	~ '	MANAGING MEME	BERS/MANAGERS	10.		ADDITIONS/CHANGES
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NAME STREET ADDRESS	SMITH, SAI			NA.	- 1	
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11. Thereby of indicated	certify that the	information supplied wi	ith this filing does not qualify t	for the exe re the sam	emptions contained	ed in Chapter 119, Florida Statutes, I further certify that the information if made under eath; that I am a managing member or manager of the
	ION INSTROOT					
limited tia	bility compan	y or the receiver or trust	ee empowered to execute the	is report a	s required by Char	apter 608, Florida Statules.
limited lia	ability compan	ry or the receiver or trust	lee empowered to execute the	is report a	s required by Char	apter 608, Florida Statutes.
limited tia	ability compan	ny or the receiver or trust	see empowered to execute the	is report a	s required by Char	apter 608, Florida Statutes.

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