

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-28-2008 90052 002 ***143.75
L07000080789

FILED

08 JUN -2 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04152008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000080789

1. Entity Name
LARRY WOODWARD LLC



Principal Place of Business
**13170 LILLIAN HWY.
PENSACOLA, FL 32506**

Mailing Address
**13170 LILLIAN HWY.
PENSACOLA, FL 32506**

2. Principal Place of Business - No P.O. Box # 13170 Lillian Hwy		3. Mailing Address 13170 Lillian Hwy	
Suite, Apt. #, etc. Pensacola FL		Suite, Apt. #, etc. Pensacola FL	
City & State		City & State	
Zip 32506	Country USA	Zip 32506	Country USA

6. Name and Address of Current Registered Agent

**WOODWARD, LARRY L
13170 LILLIAN HWY.
PENSACOLA, FL 32506**

7. Name and Address of New Registered Agent

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 *Larry L. Woodward* DATE **4/23/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOODWARD, LARRY L 13170 LILLIAN HWY. PENSACOLA, FL 32506 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Larry L. Woodward* **4/23/08** **850-341-2047**

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

Date Daytime Phone #