


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90034 026 ***138.75

DOCUMENT # L07000081626 1. Entity Name WOODLAND SOLUTIONS, LLC			
Principal Place of Business 37413 PHELPS RD ZEPHYRHILLS, FL 33541		Mailing Address 37413 PHELPS RD ZEPHYRHILLS, FL 33541	
2. Principal Place of Business - No P.O. Box # 14411 BELLAMY BROTHERS BLD		3. Mailing Address 14411 BELLAMY BROTHERS BLD	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State DADE CITY, FL		City & State DADE CITY, FL	
Zip 33525		Zip 33525	
Country 		Country 	
4. FEI Number 260694396		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TURNER, CHRISTOPHER 37413 PHELPS RD ZEPHYRHILLS, FL 33541		7. Name and Address of New Registered Agent Name William W. Turner II Street Address (P.O. Box Number is Not Acceptable) 14411 BELLAMY BROTHERS BLVD. City DADE CITY, FL Zip Code 33525	
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 <u>X William W. Turner II</u> DATE <u>4/25/2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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		10. ADDITIONS/CHANGES:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TURNER, CHRISTOPHER L 37413 PHELPS RD ZEPHYRHILLS, FL 33541 <input checked="" 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	MGRM TURNER, WILLIAM W IV 37413 PHELPS RD ZEPHYRHILLS, FL 33541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Turner, William W. II 14411 Bellamy Brothers Blvd. Dade City, FL 33525 <input checked="" 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
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
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: <u>X William W. Turner II</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<u>4/25/2008</u> <u>813-965-3300</u> <small>Date Daytime Phone #</small>	