## **2008 LIMITED LIABILITY COMPANY**

## Feb 29, 2008 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # L07000092388** 02-29-2008 90100 047 \*\*\*138.75 GIVING LIFE TO WOOD LLC Principal Place of Business Mailing Address 25423 CRESTWATER DR 25423 CRESTWATER DR 60011578 LEESBURG, FL 34748 LEESBURG, FL 34748 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 Chg-LLC CR2E083 (12/06) 4. FEI Number 099 City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DIDLEY, RAYMOND F Street Address (P.O. Box Number is Not Acceptable) 25423 CRESTWATER DR LEESBURG, FL 34748 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 (NOTE: Registered Agent signature required when reinstating) FILE NOWILL FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE TITLE Change Addition ☐ Delete DIDLEY, RAYMOND F NAME NAME 25423 CRESTWATER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34748 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Addition □ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FR MANAGER OR AUTHORIZED REPRESENTATIVE

FILED