

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000001988

FILED
Jan 29, 2009
Secretary of State

Entity Name: WOODS ELECTRIC AND HOME SERVICES, LLC

Current Principal Place of Business:

621 OCEAN DRIVE
JUNO BEACH, FL 33408

New Principal Place of Business:

15304 81ST TERRACE NORTH
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

PO BOX 831
JUPITER, FL 33468

New Mailing Address:

15304 81ST TERRACE NORTH
PALM BEACH GARDENS, FL 33418

FEI Number: 26-1897517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOODS, WENDY
621 OCEAN DRIVE
JUNO BEACH, FL 33408 US

Name and Address of New Registered Agent:

WOODS, WENDY
15304 81ST TERRACE NORTH
PALM BEACH GARDENS, FL 33418 US

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: WENDY WOODS

01/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WOODS, KENT
Address: 621 OCEAN DRIVE
City-St-Zip: JUNO BEACH, FL 33408

Title: MGRM (X) Delete
Name: WOODS, WENDY
Address: 621 OCEAN DRIVE
City-St-Zip: JUNO BEACH, FL 33408

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WOODS, KENT
Address: 15304 81ST TERRACE NORTH
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: KENT WOODS

MGR

01/29/2009

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