

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000014133

Entity Name: ACCORDIA WOODS, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

14010 ROOSEVELT BLVD., SUITE 709
CLEARWATER, FL 33762

New Principal Place of Business:

1889 CURLEW ROAD
PALM HARBOR, FL 34683

Current Mailing Address:

14010 ROOSEVELT BLVD., SUITE 709
CLEARWATER, FL 33762

New Mailing Address:

1889 CURLEW ROAD
PALM HARBOR, FL 34683

FEI Number: 26-1925461 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOCTOR, JAMES J
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

STIGLEMAN, RANSOM
1889 CURLEW ROAD
PALM HARBOR, FL 34683 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: RANSOM STIGLEMAN

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: NOBLE, STEPHEN H
Address: 1889 CURLEW ROAD
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM () Change (X) Addition
Name: STIGLEMAN, RANSOM
Address: 1889 CURLEW ROAD
City-St-Zip: PALM HARBOR, FL 34683

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: RANSOM STIGLEMAN

MGRM

05/01/2009

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