

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000026225

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: WOOLEY & ASSOCIATES, LLC

**Current Principal Place of Business:**

1320 MIRACLE STRIP PARKWAY  
#H404  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 644  
FORT WALTON BEACH, FL 32549

**New Mailing Address:**

1968 TAMPA BLVD  
NAVARRE, FL 32566

FEI Number: 26-2140890

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAVENS, JASON E  
4400 EAST HIGHWAY 20  
SUITE 211  
NICEVILLE, FL 32578 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MRGM ( ) Delete  
Name: WOOLEY, MICHAEL W  
Address: P.O. BOX 644  
City-St-Zip: FORT WALTON BEACH, FL 32549

**ADDITIONS/CHANGES:**

Title: MRGM (X) Change ( ) Addition  
Name: WOOLEY, MICHAEL W  
Address: 1968 TAMPA BLVD  
City-St-Zip: NAVARRE, FL 32566

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: MICHAEL W. WOOLEY

MRGM

01/27/2009

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