

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000028350

Entity Name: WOOD CREATORS LLC

**FILED**  
**Apr 09, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

16909 N BAY ROAD  
321  
SUNNY ISLES, FL 33160 US

**New Principal Place of Business:**

**Current Mailing Address:**

16909 N BAY ROAD  
321  
SUNNY ISLES, FL 33160 US

**New Mailing Address:**

FEI Number: 26-4524653      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

CENTOFANTI, JORGE M  
16909 N BAY ROAD  
321  
SUNNY ISLES, FL 33160 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: MGRM  
Name: CENTOFANTI, JORGE M  
Address: 16909 N BAY ROAD STE 321  
City-St-Zip: SUNNY ISLES, FL 33160 US

I hereby 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: JORGE CENTOFANTI      MGRM      04/09/2010

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