

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000072760

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** WOODS TECHNICAL ADVISORS, LLC

**Current Principal Place of Business:**

1702 HORSESHOE DR.  
PLANT CITY, FL 335666748

**New Principal Place of Business:**

1702 HORSESHOE DR.  
PLANT CITY, FL 335666748 US

**Current Mailing Address:**

1702 HORSESHOE DR.  
PLANT CITY, FL 335666748

**New Mailing Address:**

1702 HORSESHOE DR.  
PLANT CITY, FL 335666748 US

**FEI Number:** 27-0705146

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOODS, PAUL  
1702 HORSESHOE DR.  
PLANT CITY, FL 335666748 US

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

WOODS, PAUL D  
1702 HORSESHOE DR.  
PLANT CITY, FL 335666748 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: PAUL D. WOODS

04/26/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: WOODS, PAUL D MR  
Address: 1702 HORSESHOE DRIVE  
City-St-Zip: PLANT CITY, FL 335666748 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: PAUL D. WOODS

PRES

04/26/2010

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