

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000134141

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** THE WOOD RESEARCH INSTITUTE LLC

**Current Principal Place of Business:**

10400 SW 69TH CT  
OCALA, FL 34476

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 773265  
OCALA, FL 34477

**New Mailing Address:**

**FEI Number:** 45-3976801

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOOD, RONALD  
10400 SW 69TH CT  
OCALA, FL 34476 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: WOOD, RONALD  
Address: P.O. BOX 773265  
City-St-Zip: Ocala, FL 34477

Title: MGR  
Name: WOOD, MARION  
Address: 10400 SW 69TH CT  
City-St-Zip: Ocala, FL 34476

Title: MGR  
Name: STITH, LETITIA J  
Address: 621 SHEAFE ROAD LOT#112  
City-St-Zip: Poughkeepsie, NY 12601

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: DR. RONALD WOOD SR.

MGRM

04/10/2012

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