

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90388 033 ****50.00

DOCUMENT # L98000000411 ✓
1. Entity Name
WOODLAWN ROAD, LLC

DO NOT WRITE IN THIS SPACE

955818

2. Principal Place of Business
279 ST. GEORGE ST.
Suite, Apt. #, etc.
City & State
ST. AUGUSTINE, FL
Zip
32084 Country
USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
593573988
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
JOSEPH FINNEGAN
Street Address (P.O. Box Number is Not Acceptable)
279 ST. GEORGE STREET
City
ST. AUGUSTINE FL Zip Code
32084

8. 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 Joseph Finnegan
Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MGRM</u> <u>FINNEGAN, JOSEPH P.</u> <u>279 ST. GEORGE ST.</u> <u>ST. AUGUSTINE, FL 32084</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MGRM</u> <u>FINNEGAN, MARGARET</u> <u>279 ST. GEORGE ST.</u> <u>ST. AUGUSTINE, FL 32084</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MGRM</u> <u>KOE HANE, DERMOT J.</u> <u>17 MEADOWBROOK DRIVE</u> <u>DOVER, ME 02030</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MGRM</u> <u>HEFFERON, MICHAEL J.</u> <u>2585 LEWIS SPEEDWAY</u> <u>ST. AUGUSTINE, FL 32084</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MGRM</u> <u>SMITH, C. KELLY</u> <u>2585 LEWIS SPEEDWAY</u> <u>ST. AUGUSTINE, FL 32084</u>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 Joseph Finnegan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-30-02 904 824-6068

Date

Daytime Phone #

CR2E083B (12/01)