

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000001891

Entity Name: WOOD LINES LTD. LLC

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

524 ONTARIO AVE.  
CRYSTAL BEACH, FL 34681

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 915  
CRYSTAL BEACH, FL 34681

**New Mailing Address:**

FEI Number: 38-3653097

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MURAN, JAN M  
524 ONTARIO AVE.  
CRYSTAL BEACH, FL 34681 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: MURAN, STEPHAN L  
Address: 524 ONTARIO AVE.  
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: MGRM  
Name: MURAN, JAN M  
Address: 524 ONTARIO AVE.  
City-St-Zip: CRYSTAL BEACH, FL 34681

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: JAN M. MURAN

MGRM

01/05/2010

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