

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M98000000059

Entity Name: MARK S WOOD, LLC

**FILED**  
**Feb 20, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

3805 FAYE RD  
JACKSONVILLE, FL 32226

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 26829  
JACKSONVILLE, FL 32226

**New Mailing Address:**

FEI Number: 59-3485615

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WOOD, MARK S  
3805 FAYE RD  
JACKSONVILLE, FL 32226 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 ( ) Delete  
Name: WOOD, MARK S  
Address: 3805 FAYE RD  
City-St-Zip: JACKSONVILLE, FL 32226

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WOOD, MARK S MGRM  
Address: 3805 FAYE RD  
City-St-Zip: JACKSONVILLE, FL 32226

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARK S WOOD

MGRM

02/20/2009

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