

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000198364

**Entity Name:** REDWOOD EXPEDITION, LLC**Current Principal Place of Business:**2322 SE 8TH ST  
CAPE CORAL, FL 33990**Current Mailing Address:**2322 SE 8TH ST  
CAPE CORAL, FL 33990 US**FEI Number:** 47-5617040**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHOOLEY, ESQ, JAMES P  
2322 SE 8TH ST  
CAPE CORAL, FL 33990 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

|                 |                     |
|-----------------|---------------------|
| Title           | MGR                 |
| Name            | SCHOOLEY, JOHN T    |
| Address         | 2307 COUNTY ROAD 46 |
| City-State-Zip: | MONTEVALLO AL 35115 |

|                 |                     |
|-----------------|---------------------|
| Title           | MGR                 |
| Name            | SCHOOLEY, JAMES P   |
| Address         | 2322 SE 8TH ST      |
| City-State-Zip: | CAPE CORAL FL 33990 |

|                 |                     |
|-----------------|---------------------|
| Title           | MBR                 |
| Name            | SCHOOLEY, MICHELLE  |
| Address         | 2322 SE 8TH ST      |
| City-State-Zip: | CAPE CORAL FL 33990 |

|                 |                    |
|-----------------|--------------------|
| Title           | MBR                |
| Name            | SCHOOLEY, MARGARET |
| Address         | 2300 CALLE HALCON  |
| City-State-Zip: | SANTA FE NM 87505  |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES P SCHOOLEY**MANAGER/REGISTERED AGENT** 03/28/2022\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date