

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000200820

**Entity Name:** WOOD MCFADDEN LLC

**Current Principal Place of Business:**

6501 CONGRESS AVENUE  
100  
BOCA RATON, FL 33487

**Current Mailing Address:**

6501 CONGRESS AVENUE  
100  
BOCA RATON, FL 33487

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

STACEY L WOOD CPA PA  
6501 CONGRESS AVENUE  
100  
BOCA RATON, FL 33487 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            STACEY L WOOD CPA PA  
Address        6501 CONGRESS AVENUE  
City-State-Zip: BOCA RATON FL 33487

Title            AMBR  
Name            LYNN A FEDORIW CPA PA  
Address        6501 CONGRESS AVENUE  
City-State-Zip: BOCA RATON FL 33487

*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:** STACEY WOOD

**MANAGING MEMBER**

**04/30/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date