

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000237840

**Entity Name:** WOOD RIDGE, LLC

**Current Principal Place of Business:**

8607 SOUTH LAKE CIR  
FORT MEYERS, FL 33908

**Current Mailing Address:**

P.O. BOX 62684  
UNIT H9  
FORT MYERS, FL 33906 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 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 COPPENS, ANDREW  
Address P.O. BOX 62684  
City-State-Zip: FORT MYERS FL 33906

*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:** ANDREW COPPENS

MANAGER

03/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date