

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jun 15, 2009  
Secretary of State**

DOCUMENT# L03000023319

Entity Name: WDM, LLC

**Current Principal Place of Business:**

6036 PALOMAGLADE DR  
LITHIA, FL 33547

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 483  
RIVERVIEW, FL 33568

**New Mailing Address:**

FEI Number: 90-0224897      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

ANDRA ZACHOW SALVEGGI CPA PA  
6740 CROSSWINDS DRIVE N  
SUITE L-2  
SAINT PETERSBURG, FL 33710 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

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: QUESSENBERRY, MARTIN  
Address: 6036 PALOMA GLADE DRIVE  
City-St-Zip: LITHIA, FL 33547

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: QUESSENBERRY, MARLENA  
Address: 6036 PALOMA GLADE DRIVE  
City-St-Zip: LITHIA, FL 33547

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARTIN QUESSENBERRY

MGR

06/15/2009

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