

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # M06000000566

1. Entry Name  
WFLX, LLC



Principal Place of Business  
RSA TOWER 20TH FLOOR  
201 MONROE STREET  
MONTGOMERY, AL 36104

Mailing Address  
RSA TOWER 20TH FLOOR  
201 MONROE STREET  
MONTGOMERY, AL 36104



01222008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3954954

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME MCTEAR, PAUL H JR.  
STREET ADDRESS RSA TOWER 20TH FLOOR 201 MONROE STREET  
CITY-ST-ZIP MONTGOMERY, AL 36104

TITLE V  
NAME BRYAN, REBECCA  
STREET ADDRESS RSA TOWER 20TH FLR 201 MONROE ST  
CITY-ST-ZIP MONTGOMERY, AL 36104

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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NAME  
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CITY-ST-ZIP

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02/12/08-80047-001 277.50

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-23-08

Date

334.200.1435

Daytime Phone #