

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000013377

1. Entity Name
WOS ENTERPRISES, LLC



Principal Place of Business
**5736 WILLARD NORRIS ROAD
MILTON, FL 32570**

Mailing Address
**P.O. BOX 422
MILTON, FL 32572**

DO NOT WRITE IN THIS SPACE



03212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
54-2081341

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SALTER, WILLIAM O
5736 WILLARD NORRIS ROAD
MILTON, FL 32570**

**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**

U000000900324

04/29/08-80023-023 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SALTER, WILLIAM O
5736 WILLARD NORRIS RD
MILTON, FL 32570**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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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 _____

William O Salter
WILLIAM O SALTER

4-12-08 1-850
DATE 994-4611