

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000091016

Entity Name: 4919 WF HWY, LLC

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1591 S.E. PORT ST. LUCIE BLVD.  
SUITE A  
PORT ST. LUCIE, FL 34952 US

**New Principal Place of Business:**

**Current Mailing Address:**

1591 S.E. PORT ST. LUCIE BLVD.  
SUITE A  
PORT ST. LUCIE, FL 34952 US

**New Mailing Address:**

FEI Number: 20-0526748

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOPKO, JAMES  
2300 S.E. MONTEREY RD  
SUITE 100  
STUART, FL 34995 US

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

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:**

Title: MGR  
Name: MECCA, JACK A  
Address: 1591 SE PORT ST. LUCIE BLVD.SUITE A  
City-St-Zip: PORT ST LUCIE, FL 34952 US

I hereby 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: JACK A. MECCA

MGR

01/17/2012

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