

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000117112

**Entity Name:** WPP II, LLC

**Current Principal Place of Business:**

503 SHERWOOD RD.  
SHREVEPORT, LA 71106

**Current Mailing Address:**

503 SHERWOOD RD.  
SHREVEPORT, LA 71106 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CRABTREE, R R  
8777 SAN JOSE BLVD.  
JACKSONVILLE, FL 32217 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 MGRM  
Name GAIENNIE, E J  
Address 503 SHERWOOD RD.  
City-State-Zip: SHREVEPORT LA 71106

*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:** E J GAIENNIE

MGRM

04/16/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date