

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000089704

**Entity Name:** W4, LLC

**Current Principal Place of Business:**

4508 OAK FAIR BLVD  
STE 100  
TAMPA, FL 33610

**Current Mailing Address:**

PO BOX 89157  
TAMPA, FL 33689 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

WALLER, BRIAN  
4508 OAK FAIR BLVD  
STE 100  
TAMPA, FL 33610 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 WALLER, BRIAN  
Address 4508 OAK FAIR BLVD  
STE 100  
City-State-Zip: TAMPA FL 33610

Title MGRM  
Name WILLIAMS, STEVEN  
Address 4508 OAK FAIR BLVD  
STE 100  
City-State-Zip: TAMPA FL 33610

Title MGRM  
Name WILLIAMS, PATRICK  
Address 4508 OAK FAIR BLVD  
STE 100  
City-State-Zip: TAMPA FL 33610

Title MGRM  
Name WILLIAMS, AUSTIN  
Address 4508 OAK FAIR BLVD  
STE 100  
City-State-Zip: TAMPA FL 33610

*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:** STEVEN WILLIAMS

MGRM

04/04/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date