

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000001742**

1. Entity Name  
W3 INFORMATION SERVICES, LLC



Principal Place of Business

640 14TH AVE  
VERO BEACH, FL 32962

Mailing Address

115 BURDELL DR  
COVINGTON, GA 30016

**DO NOT WRITE IN THIS SPACE**



03062006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
59-3623232

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WELBORN, WILLIAM E  
640 14TH AVE  
VERO BEACH, FL 32962

**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 reissuing)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

110000046h165  
03/22/06-80064-022 \$0.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WELBORN, W. LAYTON  
640 14TH AVE  
VERO BEACH, FL 32962

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WELBORN, WILLIAM E  
640 14TH AVE  
VERO BEACH, FL 32962

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

**3/8/2006**

Date

Daytime Phone #