

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 29, 2007 8:00 am
Secretary of State

5/21

05-02-2007 90340 011 ***150.00

DOCUMENT # L01000000925

1. Entity Name
WHISKEY DELTA, L.L.C.



Principal Place of Business
**2415 S.E. DIXIE HWY.
STUART, FL 34996**

Mailing Address
**2415 S.E. DIXIE HWY.
STUART, FL 34996**

DO NOT WRITE IN THIS SPACE



01112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DOBSON, WILLIAM A
2415 S.E. DIXIE HWY.
STUART, FL 34996**

**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 obligation of, the registered agent.

SIGNATURE

William A Dobson

William A Dobson

4/23/07

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGRM
NAME
DOBSON, WILLIAM A
STREET ADDRESS
2415 SE DIXIE HWY
CITY-ST-ZIP
STUART, FL 34996

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

William A Dobson

5/24/07 7722206802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #