

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90044 016 ****50.00

DOCUMENT # L01000010211

1. Entity Name
WOPPMAN TECHNOLOGIES, L.L.C.



Principal Place of Business

**9438 DAUGHTREY ROAD
SIDELL FL 34266**

Mailing Address

**9438 DAUGHTREY ROAD
SIDELL FL 34266**

2. Principal Place of Business

1730 S.W. MARIPOSA DR

Suite, Apt. #, etc.

3. Mailing Address

1730 S.W. MARIPOSA DR

Suite, Apt. #, etc.

20019203



☒ CHECK HERE IF MAKING CHANGES

City & State

ARCADIA FL 34266

City & State

ARCADIA FL

4. FEI Number

65-1114260

Applied For

Not Applicable

Zip

Country

34266 USA

Zip

Country

34266 USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDREW AMES, CPA, CFP
128 W. OAK ST.
ARCADIA FL 34266**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

ANDREW AMES, CPA, CFP

(NOTE: Registered Agent signature required when reinstating)

1/16/03

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **DAUGHTREY, CECIL**
STREET ADDRESS **9438 DAUGHTREY RD**
CITY-ST-ZIP **SIDELL FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Delete
NAME **WOPPMAN, CHRISTOPHER**
STREET ADDRESS **9438 DAUGHTREY RD**
CITY-ST-ZIP **SIDELL FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1730 S.W. MARIPOSA DR.**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

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

1/21/03

Date

863-990-0768

Daytime Phone #

CR2E083 (10/02)