

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000014915

1. Entity Name
WBTA RENTALS, LLC



Principal Place of Business
1070 NE 45TH STREET
FT. LAUDERDALE, FL 33334-3812

Mailing Address
1070 NE 45TH STREET
FT. LAUDERDALE, FL 33334-3812



01032007No Chg-LLC

CR2E083(11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1142133

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DALE, CHARLES S
414 NE 4 STREET
FT. LAUDERDALE, FL 33301-1152

**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 reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WINNINGHAM, JOHN H
STREET ADDRESS	1070 NE 45TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	MGR
NAME	BUNDY, BOYD H
STREET ADDRESS	1070 NE 45TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	MGR
NAME	TICE, JOHN E
STREET ADDRESS	1070 NE 45TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/07-80032-008 50.00

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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

4/8/07

Date

954.771.8900

Daytime Phone #