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Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90042 008 ***150.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000014877

1. Entity Name
W.P.B. LLC

40062893

Principal Place of Business	Mailing Address
4006 INVERRARY DRIVE LAUDER HILL, FL 33319	4006 INVERRARY DRIVE LAUDER HILL, FL 33319

04152005 Cng-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
6584 WEST SAMPLE RD	6584 WEST SAMPLE RD.
Suite, Apt. #, etc. CORAL SPRINGS, FL	Suite, Apt. #, etc. CORAL SPRINGS, FL
City & State	City & State
Zip / Country USA	Zip / Country USA

4. FEI Number 03-0472331 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MONTESANO, VINCENT
4006 INVERRARY DRIVE
LAUDER HILL, FL 33319

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
6584 WEST SAMPLE RD.
City CORAL SPRINGS 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 (x) [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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MONTESANO, VINCENT 4006 INVERRARY DRIVE LAUDERHILL, FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6584 WEST SAMPLE RD. CORAL SPRINGS, FL	☒ Change ☐ Addition
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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 (x) [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #