2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000015390

1. Entity Name



WP HOLDINGS, LLC Principal Place of Business Mailing Address 1326 S. RIDGEWOOD AV. 1326 S. RIDGEWOOD AV. SUITE 15 SUITE 15 DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, 'Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4., FEI Number Applied For 01-0720695 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAYTON, FRANK W Street Address (P.O. Box Number is Not Acceptable) 15 CYPRESS VIEW TR. ORMOND BEACH FL 32174 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. NGRM TITLE TITLE XX Addition ☐ Delete Change NAME NAME Frank W. Payton STREET ADDRESS STREET ADDRESS 15 Cypress View Tr. Ormond Beach, Fl. 32174 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE XX Addition ☐ Change NAME NAME William Whedbee 23 Arrowhead Cr. STREET ADDRESS STREET ADDRESS Ormond Beach, Fl. 32174 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE. ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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NAME

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Delete

386) 258-3761

FILED

Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90198 004 ****55.00

☐ Change

☐ Change

☐ Addition

☐ Addition

CR2E083 (10/02)