

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017319

FILED  
Jul 14, 2008  
Secretary of State

Entity Name: WINYAH, LLC

**Current Principal Place of Business:**

2038 WEST FIRST STREET  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

2038 WEST FIRST STREET  
FORT MYERS, FL 33901

**New Mailing Address:**

FEI Number: 30-0183126      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SULLIVAN, MARC C  
2038 WEST FIRST STREET  
FORT MYERS, FL 33901      US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: SULLIVAN, MARC C  
Address: 2038 WEST FIRST STREET  
City-St-Zip: FORT MYERS, FL 33901

Title: MGRM      ( ) Delete  
Name: SULLIVAN FLORIDA GRO, UP, INC  
Address: 2038 WEST FIRST STREET, #100  
City-St-Zip: FORT MYERS, FL 33901

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARC C. SULLIVAN

MGR

07/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date