

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000023242

FILED
Nov 07, 2007
Secretary of State**Entity Name:** WAH LLC**Current Principal Place of Business:**9975 EQUUS CIRCLE
BOYNTON BEACH, FL 33437**New Principal Place of Business:****Current Mailing Address:**9975 EQUUS CIRCLE
BOYNTON BEACH, FL 33437**New Mailing Address:****FEI Number:** 11-3698648**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GY CORPORATE SERVICES INC.
777 SOUTH FLAGLER DRIVE
SUITE 500 EAST
WEST PALM BEACH, FL 33401 US**Name and Address of New Registered Agent:**

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: HODGE, DENISE
Address: 9975 EQUUS CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437 US**Title:** M () Delete
Name: HODGE, ANDREW W
Address: 9975 EQUUS CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437**Title:** M (X) Delete
Name: HODGE, DENISE
Address: 9975 EQUUS CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: HODGE, ANDREW
Address: 9975 EQUUS CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437 US**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: W. ANDREW HODGE

MGR

11/07/2007

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