

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 24, 2005 08:00 AM  
Secretary of State

DOCUMENT # L03000032253

1. Entity Name  
WWA, LLC



Principal Place of Business  
920 JOHN ANDERSON DRIVE  
ORMOND BEACH FL 32176

Mailing Address  
920 JOHN ANDERSON DRIVE  
ORMOND BEACH FL 32176



1st MOORE CR2E083 (10/04)

2. Principal Place of Business...

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 06-1707773

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAHOLIAS, KONSTANTIN  
920 JOHN ANDERSON DRIVE  
ORMOND BEACH FL 32176

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
MAHOLIAS, KONSTANTIN  
920 JOHN ANDERSON DRIVE  
ORMOND BEACH FL 32176 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
000000242488  
02/25/05-80002-001 50.00 ☐ Change ☐ Addition

TITLE  
NAME  
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CITY - ST - ZIP ☐ Delete

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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: *Konstantin Maholias* KONSTANTIN MAHOLIAS 2-20-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #