

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90300 025 ****50.00

DOCUMENT # L03000040392

1. Entity Name
W.A.S.P., LLC



Principal Place of Business

Mailing Address

~~2630 SE 7TH AVENUE~~ 3345 SE 19 Ave ~~2630 SE 7TH AVENUE~~ 3345 SE 19 Ave
OCALA, FL 34471 Ocala, FL 34471

20025626



03302006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0321530

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WERNER, DANNY L
~~2630 SE 7TH AVENUE~~ 3345 SE 19 Ave
OCALA, FL 34471

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME WERNER, DANNY L
STREET ADDRESS ~~2630 SE 7TH AVENUE~~ 3345 SE 19 Ave
CITY-ST-ZIP Ocala, FL 34471

TITLE MGRM
NAME WERNER, KELLY N
STREET ADDRESS ~~2630 SE 7TH AVE~~ 3345 SE 19 Ave
CITY-ST-ZIP Ocala, FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

D. Werner

4/3/06

352-572-4494

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

Date

Daytime Phone #