

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049534

Entity Name: W. F. CONTRACTOR, LLC

FILED  
Jul 28, 2007  
Secretary of State

**Current Principal Place of Business:**

13141 SAN DIEGO WOODS LANE  
ORLANDO, FL 32824

**New Principal Place of Business:**

**Current Mailing Address:**

13141 SAN DIEGO WOODS LANE  
ORLANDO, FL 32824

**New Mailing Address:**

FEI Number: 59-3648401      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:**

INFINITY TAX SERVICES, INC.  
1116 TIMBERBEND CIRCLE  
ORLANDO, FL 32824      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: FIGUEROA, WILLIAM  
Address: 13141 SAN DIEGO WOODS LANE  
City-St-Zip: ORLANDO, FL 32824

Title: MGRM      ( ) Delete  
Name: FIGUEROA, WILLIAM  
Address: 13141 SAN DIEGO WOODS LANE  
City-St-Zip: ORLANDO, FL 32824

**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: ANA V. FELICIANO

RG

07/28/2007

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