

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000057032

1. Entity Name

WTPM OF PORT CHARLOTTE, FL 33981-2602, LLC



Principal Place of Business

7364 CANDACE LN
PORT CHARLOTTE, FL 33981-2602

Mailing Address

7364 CANDACE LN
PORT CHARLOTTE, FL 33981-2602



01162007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

86-1134303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARNACK, ROBERT
7364 CANDACE LN
PORT CHARLOTTE, FL 33981-2602

**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, 2007**

U00000637279
02/26/07-80055-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	HARNACK, WALTER T
STREET ADDRESS	7364 CANDACE LN
CITY- ST- ZIP	PORT CHARLOTTE, FL 339812602
TITLE	ST
NAME	HARNACK, PHYLLIS M
STREET ADDRESS	7364 CANDACE LN
CITY- ST- ZIP	PORT CHARLOTTE, FL 339812602
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
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

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

Date

Daytime Phone #

Walter T. Harnack *Phyllis M. Harnack*
WALTER T HARNACK PHYLLIS M HARNACK
2-12-07 941-698-8842