

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/14/2005-90016-006-\$50.00-\$50.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L04000015006

1. Entity Name
WHITE CIRCLE, LLC



Principal Place of Business
13821 PERDIDO KEY DRIVE
PENSACOLA, FL 32507

Mailing Address
13821 PERDIDO KEY DRIVE
PENSACOLA, FL 32507

20063335

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06292005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

Applied For
☒ Not Applicable

Zip

Country

Zip

Country

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

WEBER, JAMES M
501 COMMENDENCIA STREET
PENSACOLA, FL 32502

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

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
WALSH, DAVID EUGENE
13821 PERDIDO KEY DRIVE
PENSACOLA, FL 32507 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
WALSH, MARY LILLIAN
13821 PERDIDO KEY DRIVE
PENSACOLA, FL 32507 ☐ Delete

TITLE
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STREET ADDRESS
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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:

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

Date

Daytime Phone #