

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90096 017 \*\*\*138.75

**DOCUMENT # L04000043731**

1. Entity Name  
WFH TAX CERTIFICATES - 4 LLC



Principal Place of Business  
8960 BAY COLONY DR #502  
NAPLES, FL 34108

Mailing Address  
8960 BAY COLONY DR #502  
NAPLES, FL 34108



2. Principal Place of Business - No P.O. Box #  
9130 Galleria Court

3. Mailing Address  
P. O. Box 3774

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 326

City & State  
Naples, FL

City & State  
Mansfield, OH

Zip  
34109

Country  
US

Zip  
44907

Country  
US

03202008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-1221703

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

HURDLE, KATHLEEN C  
8960 BAY COLONY DR #502  
NAPLES, FL 34108

## 7. Name and Address of New Registered Agent

Name  
same  
Street Address (P.O. Box Number is Not Acceptable)  
9130 Galleria Court  
Suite 326  
City  
Naples FL Zip Code  
34109

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 \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HURDLE, WILLIAM F 8960 BAY COLONY DR #502 NAPLES, FL 34108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	same 9130 Galleria Court, Suite 326 Naples, FL 34109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*William F Hurdle*

4/10/08

Date

419-7526-8166

Daytime Phone #