




2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-15-2008 90096 011 ***138.75

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|---|---|--|--|--|--|
| DOCUMENT # L04000045807 | | | |  | |
| 1. Entity Name WFH TAX CERTIFICATES - 10 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 Suite, Apt. #, etc. Suite 326 | | 3. Mailing Address P. O. Box 3774 Suite, Apt. #, etc. | |  | |
| City & State Naples, FL | | City & State Mansfield, OH | | 03202008 Chg-LLC CR2E083 (12/06) | |
| Zip 34109 | | Country US | | 4. FEI Number 20-1221981 | |
| Zip 44907 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (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 | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HURDLE, WILLIAM F 8960 BAY COLONY DR #502 NAPLES, FL 34108 | <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | same 9130 Galleria Court, Suite 326 Naples, FL 34109 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| 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:  | | 4/10/08 419-756-8166 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date Daytime Phone # | | | |