

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056747

FILED
Feb 19, 2007
Secretary of State

Entity Name: WEST NEW HAVEN MOBIL, LLC

Current Principal Place of Business:

P.O. BOX 440
MELBOURNE, FL 32902

New Principal Place of Business:

21 W. FEE AVENUE
F
MELBOURNE, FL 32901

Current Mailing Address:

P.O. BOX 440
MELBOURNE, FL 32902

New Mailing Address:

FEI Number: 30-0273803 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GORNT0, SAMUEL E
21 WEST FEE AVENUE, SUITE F
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: GORNT0, SAMUEL E
Address: P.O. BOX 440
City-St-Zip: MELBOURNE, FL 32902

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SAMUEL E. GORNT0 MGRM 02/19/2007

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