

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90120 008 \*\*\*138.75

**DOCUMENT # L04000056862**

1. Entity Name

WHAT NEXT, LLC



Principal Place of Business

1662 MARKET DR  
WINTER GARDEN FL 34787

Mailing Address

1662 MARKET DR  
WINTER GARDEN FL 34787



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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

51-0517328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

SHEIVE, CYNTHIA M  
2225 N.E. 15TH  
FT. LAUDERDALE FL 33304

*Changed  
address*

7. Name and Address of New Registered Agent

Name *Cynthia M Sheive*

Street Address (P.O. Box Number is Not Acceptable) *1662 Market Dr.*

City *Winter Garden* FL Zip Code *34787*

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

*Cynthia M Sheive*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when terminating)

*4/18/08*

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 MGR ☐ Delete  
NAME SHEIVE, CYNTHIA M  
STREET ADDRESS 1662 MARKET DRIVE  
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE MGR ☐ Delete  
NAME VERDIER, GARY D  
STREET ADDRESS 1662 MARKET DRIVE  
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS *Market Drive*  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS *not market*  
CITY-ST-ZIP

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Cynthia M Sheive*

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

*4/18/08 407-905-*

DATE

Daytime Phone #

*48419*