

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # L04000066616

1. Entity Name
WISE BROTHERS OF FROSTPROOF, LLC



Principal Place of Business
**930 C.R. 630 W.
FROSTPROOF, FL 33843**

Mailing Address
**930 C.R. 630 W.
FROSTPROOF, FL 33843**



01172008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1606241

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WISE, GLEN D
930 C.R. 630 W.
FROSTPROOF, FL 33843**

**DO NOT WRITE
IN THIS SPACE**

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

Glen D. Wise **Glen D. Wise Partner-Manager** **1/18/08**
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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WISE, GLEN D 930 C.R. 630 W. FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WISE, RUDY A 930 C.R. 630 W. FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WISE, WARREN C 930 C.R. 630 W. FROSTPROOF, FL 33843
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01/25/08-80035-016 138.75

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

Glen D. Wise **Glen D. Wise** **1/18/08** **863-528-1104**
Signature and typed or printed name of signing managing member, or authorized representative Date Daytime Phone #