

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

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

04-15-2008 90112 043 ***138.75

DOCUMENT # L04000067423

1. Entity Name

WALKER-WHITNEY PLAZA, LLC



Principal Place of Business

P.O. BOX 7598
ST. PETERSBURG FL 33734
US

Mailing Address

P.O. BOX 7598
ST. PETERSBURG FL 33734
US



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

3. Mailing Address

P.O. Box 13633

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee Fla

Zip

Country

Zip

Country

32307-3633

4. FEI Number

20-2526410

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLDIS, JOSH
2553 1ST AVENUE N
ST PETERSBURG FL 33733**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 if not applicable

(NOTE: Registered Agent's 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 **MGRM** ☐ Delete
NAME **RUDNICK, JAMES M**
STREET ADDRESS **P.O. BOX 13633**
CITY-ST-ZIP **TALLAHASSEE FL 32317**

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

TITLE **MGRM** ☐ Delete
NAME **THE BLAKE WHITNEY THOMPSON CO, LLC**
STREET ADDRESS **P.O. BOX 7598**
CITY-ST-ZIP **ST. PETERSBURG FL 33734**

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

TITLE **MGRM** ☐ Delete
NAME **REGIONAL CAPITAL FOODS, LLP**
STREET ADDRESS **3500 FINANCIAL PLAZA, SUITE 202**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

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

4/1/08 *850-671-1999*

Daytime Phone #