

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068247

Entity Name: WAYNELYNN L.L.C.

FILED
Apr 02, 2009
Secretary of State

Current Principal Place of Business:

22600 PANAMA CITY BEACH PARKWAY
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

74 N LAKE DRIVE
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

22600 PANAMA CITY BEACH PARKWAY
PANAMA CITY BEACH, FL 32413

New Mailing Address:

74 N LAKE DRIVE
SANTA ROSA BEACH, FL 32459

FEI Number: 20-1540291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, PEGGY
8442 EAST HIGHWAY 30-A UNIT 2
PANAMA CITY BEACH, FL 32413 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: JONES, PEGGY
Address: 22600 PANAMA CITY BEACH
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: MGR () Delete
Name: COOPER, GARY W
Address: 22600 PANAMA CITY BEACH
City-St-Zip: PANAMA CITY BEACH, FL 32413

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JONES, PEGGY
Address: 74 N LAKE DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGR (X) Change () Addition
Name: COOPER, GARY W
Address: 74 N LAKE DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32450

I hereby certify that the information supplied with this filing does not qualify 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: PEGGY JONES

MGRM

04/02/2009

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