

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90235 035 \*\*\*138.75

60016609



01292008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BUSINESS FILINGS INCORPORATED**  
**1203 GOVERNORS SQUARE BLVD**  
**SUITE 101**  
**TALLAHASSEE, FL 32301-2960**

**7. Name and Address of New Registered Agent**

Name **W&P SERVICES, INC.**

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

**450 N. Wymore Road**

City **Winter Park**

**FL**

Zip Code  
**32789**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

03/20/08

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	D	<input type="checkbox"/> Delete
NAME	BROWN, VALERIE	
STREET ADDRESS	5033 CAPE HATTERAS DRIVE	
CITY-ST-ZIP	CLERMONT, FL 34714	
TITLE	V	<input type="checkbox"/> Delete
NAME	BROWN, VALERIE	
STREET ADDRESS	5033 CAPE HATTERAS DRIVE	
CITY-ST-ZIP	CLERMONT, FL 34714	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROWN, VALERIE	
STREET ADDRESS	5033 CAPE HATTERAS DRIVE	
CITY-ST-ZIP	CLERMONT, FL 34714	
TITLE	S	<input type="checkbox"/> Delete
NAME	WEBSTER, DAVID	
STREET ADDRESS	PO BOX 2310	
CITY-ST-ZIP	WINTER PARK, FL 32790	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 608, Florida Statutes.

SIGNATURE:

*[Signature]*

3/12/08

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

Date

Daytime Phone #