

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008340

Entity Name: WAD WARE, LLC

FILED
Aug 17, 2006
Secretary of State

Current Principal Place of Business:

1920 E. SKYLINE DR.
CLEARWATER, FL 33763

New Principal Place of Business:

Current Mailing Address:

1920 E. SKYLINE DR.
CLEARWATER, FL 33763

New Mailing Address:

FEI Number: 23-5235503 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DRENNEN, WAYNE
1920 E. SKYLINE DR.
CLEARWATER, FL 33763 US

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: DRENNEN, WAYNE
Address: 1920 E. SKYLINE DR.
City-St-Zip: CLEARWATER, FL 33763

Title: MGRM () Delete
Name: MASTER-DRENNEN, ANDREA
Address: 1920 E. SKYLINE DR.
City-St-Zip: CLEARWATER, FL 33763

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WAYNE DRENNEN

MGRM

08/17/2006

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