

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000009490

Entity Name: WHISPERING OAKS LLC

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6787 SE 125TH ST  
BELLEVIEW, FL 34420 US

**New Principal Place of Business:**

**Current Mailing Address:**

6787 SE 125TH ST  
# 58  
BELLEVIEW, FL 34420 US

**New Mailing Address:**

6787 SE 125TH ST  
LOT # 58  
BELLEVIEW, FL 34420 US

FEI Number: 20-2264581

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KOSTA, TOM  
13643 FOX GLOVE STREET  
WINTER GARDEN, FL 34787 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: MGR  
Name: KOSTA, TOM  
Address: 13643 FOX GLOVE STREET  
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: MGRM  
Name: KOSTA, TERESA  
Address: 13643 FOX GLOVE STREET  
City-St-Zip: WINTER GARDEN, FL 34787 US

I hereby 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: TOM KOSTA

MGR

04/19/2010

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