

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11172008 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000042909

1. Entity Name
WT&B, LIMITED LIABILITY COMPANY



Principal Place of Business
1215 LEE AVE.
SUITE A
TALLAHASSEE, FL 32303

Mailing Address
1215 LEE AVE.
SUITE A
TALLAHASSEE, FL 37786

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3813594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALTON, KENNETH W
2319 ARMISTEAD ROAD
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name: ROBIN WINTON

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

1215 LEE AVE

SUITE A

City: TALLAHASSEE

FL

Zip Code: 32303

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

ROBIN WINTON

11/17/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME WINTON, ROBIN
STREET ADDRESS 1215 LEE AVE., SUITE A
CITY-ST-ZIP TALLAHASSEE, FL 32303

☐ Change ☐ Addition
300082109543
11/28/06--01065--014 **50.00

TITLE MGR ☒ Delete
NAME WALTON, KENNETH W
STREET ADDRESS 2319 ARMISTEAD ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32308

☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

11/17/06

894-5376

Date

Daytime Phone #