

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044654

FILED  
Jun 25, 2009  
Secretary of State

Entity Name: WM DARRELL GASKINS, LLC

**Current Principal Place of Business:**

2335 9TH STREET NORTH  
SUITE 304  
NAPLES, FL 34103 US

**New Principal Place of Business:**

**Current Mailing Address:**

2335 9TH STREET NORTH  
SUITE 304  
NAPLES, FL 34103 US

**New Mailing Address:**

FEI Number: 59-2484735      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:**

NICI, JAMES R ESQ.  
C/O COX & NICI 1185 IMMOKALEE ROAD  
SUITE 110  
NAPLES, FL 34110 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: MGR ( ) Delete  
Name: GASKINS, WILLIAM D  
Address: 2335 9TH STREET NORTH SUITE 304  
City-St-Zip: NAPLES, FL 34110 US

**ADDITIONS/CHANGES:**

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

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: WILLIAM D. GASKINS

MGR

06/25/2009

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