

FILED
Apr 21, 2008 8:00 am
Secretary of State

03-26-2008 90115 047 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000061381			
1. Entity Name WILMARE SYSTEMS LLC			
Principal Place of Business 4134 GULF OF MEXICO DR., #207 LONGBOAT KEY, FL 34228		Mailing Address 4134 GULF OF MEXICO DR., #207 LONGBOAT KEY, FL 34228	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1049516		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COOPER, BEN 4134 GULF OF MEXICO DR., #207 LONGBOAT KEY, FL 34228		7. Name and Address of New Registered Agent Name: Mike Walter Street Address (P.O. Box Number is Not Acceptable) 3909 E Bay Dr, STE 110 City: Holmes Beach FL Zip Code: 34217	
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: Mike Walter DATE: 3/11/08 (NOTE: Registered Agent signature required when reinstating)			
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ZAPHIRATO, FABRICE 42 RUE AMPERE 78110 LEVESINET, ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE 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] Representative DATE: 4/17/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			