

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000077458**

1. Entity Name  
**WYDRA PROPERTIES, LLC**



Principal Place of Business  
**1182 BLACK WALNUT CT.  
WINTER SPRINGS, FL 32708 US**

Mailing Address  
**1182 BLACK WALNUT CT.  
WINTER SPRINGS, FL 32708 US**



02032008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3503320**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WYDRA, ROBERT J JR.  
1182 BLACK WALNUT CT.  
WINTER SPRINGS, FL 32708**

**DO NOT WRITE  
IN THIS SPACE**

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE: **2/1/08**

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WYDRA, ROBERT J  
1182 BLACK WALNUT CT.  
WINTER SPRINGS, FL 32708**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WYDRA, KATHLEEN A  
1182 BLACK WALNUT CT.  
WINTER SPRINGS, FL 32708**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WYDRA, ROBERT J JR.  
1182 BLACK WALNUT CT.  
WINTER SPRINGS, FL 32708**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WYDRA, ANNE MARIE  
1182 BLACK WALNUT CT.  
WINTER SPRINGS, FL 32708**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WYDRA, KEVIN M  
1182 BLACK WALNUT CT.  
WINTER SPRINGS, FL 32708**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WYDRA, CHRISTINE B  
1182 BLACK WALNUT CT.  
WINTER SPRINGS, FL 32708**

U000000918282  
02/15/08-80035-029 138.75

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**2/1/08 407-310-4921**