

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000079483

1. Entity Name
765 NORTH WICKHAM, LLC



Principal Place of Business
540 NORTH HIGHWAY 434
SUITE 530
ALTAMONTE SPRINGS, FL 32714

Mailing Address
540 NORTH HIGHWAY 434
SUITE 530
ALTAMONTE SPRINGS, FL 32714

FILED
Jul 16, 2008 08:00 AM
Secretary of State



07112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3293828

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MILLER, WAYNE
540 NORTH HIGHWAY 434
SUITE 530
ALTAMONTE SPRINGS, FL 32714

**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 _____

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ARNOLD, MARK C
1665 KERSLEY CIRCLE
HEATHROW, FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MILLER, J. WAYNE
540 NORTH HIGHWAY 434, SUITE 530
ALTAMONTE SPRINGS, FL 32714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000955171
07/16/08-B0005-021 138.75

**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 #