

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000080601

FILED
Nov 06, 2008
Secretary of State

Entity Name: WYKAVA PROPERTIES, LLC

Current Principal Place of Business:

11435 CHALLENGER AVE
ODESSA, FL 33634

New Principal Place of Business:

Current Mailing Address:

11435 CHALLENGER AVE
ODESSA, FL 33634

New Mailing Address:

11435 CHALLENGER AVE
ODESSA, FL 33634 US

FEI Number: 51-0581464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAY, APRIL
11435 CHALLENGER AVE
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: ALONZO, RUSSELL
Address: 11435 CHALLENGER AVE
City-St-Zip: ODESA, FL 33556

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALONZO, RUSSELL
Address: 11435 CHALLENGER AVE
City-St-Zip: ODESA, FL 33556 US

Title: MGMR () Change (X) Addition
Name: DAY, APRIL
Address: 11435 CHALLENGER AVE
City-St-Zip: ODESA, FL 33556 US

Title: MGMR () Change (X) Addition
Name: ALONZO, EVAN
Address: 11435 CHALLENGER AVE
City-St-Zip: ODESA, FL 33556 US

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: RUSSELL ALONZO

MGMR

11/06/2008

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