

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90205 001 ***138.75

DOCUMENT # L05000091626

1. Entity Name
WPPY, LLC



Principal Place of Business
2 SOUTH BISCAYNE BLVD
SUITE 2400
MIAMI, FL 33131-1803 US

Mailing Address
19946 NE 36TH PLACE
AVENTURA, FL 33180 US

DO NOT WRITE IN THIS SPACE



02132008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-3484531

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATHMAN, ~~WAYNE M~~ *Wayne M.*
2 SOUTH BISCAYNE BLVD.
SUITE 2400
MIAMI, FL 33131-1803

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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
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME PATHMAN, WAYNE
STREET ADDRESS 2 SOUTH BISCAYNE BLVD., SUITE 2400
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGR
NAME YOUTIE, PHILLIP
STREET ADDRESS 19946 NE 36TH PLACE
CITY-ST-ZIP AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 115, 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 # _____