

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000095983

Entity Name: WFW OF N.W. FLORIDA, L.L.C.

**FILED**  
**Feb 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

45 EGLIN PKWY, NE  
SUITE 202  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

45 EGLIN PKWY, NE  
SUITE 202  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

FEI Number: 20-3663774

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALDORFF, LLOYD D  
45 EGLIN PKWY, NE  
SUITE 202  
FORT WALTON BEACH, FL 32548 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: MGR  
Name: WALDORFF, LLOYD D  
Address: 45 EGLIN PKWY, NE, SUITE 202  
City-St-Zip: FORT WALTON BEACH, FL 32548

I hereby 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: LLOYD D. WALDORFF

MGR

02/06/2011

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