

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116642

Entity Name: WALMACK LLC

FILED
May 11, 2008
Secretary of State

Current Principal Place of Business:

4015 S WESTSHORE BLVD
TAMPA, FL 33611 US

New Principal Place of Business:

Current Mailing Address:

4015 S WESTSHORE BLVD
TAMPA, FL 33611 US

New Mailing Address:

FEI Number: 20-3918136 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CLARKSON, WILLIAM
4015 S WESTSHORE BLVD
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

MACKENZIES SPORTS TAVERN
4015 S WESTSHORE BLVD
TAMPA, FL 33611 US

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: MACKENZIER SPORTS TAVERN

05/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CLARKSON, WILLIAM
Address: 4015 S WESTSHORE BLVD
City-St-Zip: TAMPA, FL 33611

Title: MGRM (X) Delete
Name: PAWUK, STEVEN
Address: 4015 S WESTSHORE BLVD
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PAWUK, STEVEN W
Address: 4015 S WESTSHORE BLVD
City-St-Zip: TAMPA, FL 33611

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAWUK STEVEN

MGRM

05/11/2008

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