

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90269 014 \*\*\*138.75

<b>DOCUMENT # L06000000608</b>					
<b>1. Entity Name</b> WASILEWSKI COURT REPORTING, LLC					
<b>Principal Place of Business</b> 1701 SOUTH FLORIDA AVENUE LAKELAND, FL 33803 US			<b>Mailing Address</b> 1525 South Florida Ave LAKELAND, FL 33803 US suite 4		
<b>2. Principal Place of Business - No P.O. Box #</b> 1525 S. Florida Ave Suite, Apt. #, etc. Suite 4 City & State Lakeland FL Zip 33803 Country USA			<b>3. Mailing Address</b> Suite, Apt. #, etc. Same City & State Zip Country		
<b>4. FEI Number</b> 20-4056848			Applied For Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			<b>\$5.00 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> WASILEWSKI, KATHRYN PAGE 1701 SOUTH FLORIDA AVENUE LAKELAND, FL 33803			<b>7. Name and Address of New Registered Agent</b> Name Kathryn Wasilewski Street Address (P.O. Box Number is Not Acceptable) 1525 South Florida Avenue Suite 4 City Lakeland FL Zip Code 33803		
<b>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.</b> SIGNATURE  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE MGR NAME WASILEWSKI, SUSAN D STREET ADDRESS 1701 SOUTH FLORIDA AVENUE CITY-ST-ZIP LAKELAND, FL 33803	<input type="checkbox"/> Delete		TITLE NAME Address for all: STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME WASILEWSKI, DONALD A STREET ADDRESS 1701 SOUTH FLORIDA AVENUE CITY-ST-ZIP LAKELAND, FL 33803	<input type="checkbox"/> Delete		TITLE NAME 1525 S. Florida Ave STREET ADDRESS Suite 4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME WASILEWSKI, KEVIN P STREET ADDRESS 1701 SOUTH FLORIDA AVENUE CITY-ST-ZIP LAKELAND, FL 33803	<input type="checkbox"/> Delete		TITLE NAME Lakeland, FL STREET ADDRESS 33803 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME WASILEWSKI, KATHRYN PAGE STREET ADDRESS 1701 SOUTH FLORIDA AVENUE CITY-ST-ZIP LAKELAND, FL 33803	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			Date 3/5/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone # 863 686 9898		