


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90349 004 ****50.00

DOCUMENT # L06000000941					
1. Entity Name NO WAKE, LLC					
Principal Place of Business 1446 19TH PLACE, SUITE 200 VERO BEACH, FL 32960			Mailing Address 1446 19TH PLACE, SUITE 200 VERO BEACH, FL 32960		
2. Principal Place of Business - No P.O. Box # 1230 SEAWAY DR		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State FOOT PIERCE, FL		City & State 1		4. FEI Number 42-1689888	
Zip 34949		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COLTON, PAIGE K 1446 19TH PLACE, SUITE 200 VERO BEACH, FL 32960			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAFFETT, JEFFREY A 1446 19TH PLACE, SUITE 200 VERO BEACH, FL 32960	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAFFETT, ANNETTE, J 1446 19TH PLACE, SUITE 200 VERO BEACH, FL 32960	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAFFETT, ANNETTE, J 1446 19TH PLACE, SUITE 200 VERO BEACH, FL 32960	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAFFETT, ANNETTE, J 1446 19TH PLACE, SUITE 200 VERO BEACH, FL 32960	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAFFETT, ANNETTE, J 1446 19TH PLACE, SUITE 200 VERO BEACH, FL 32960	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAFFETT, ANNETTE, J 1446 19TH PLACE, SUITE 200 VERO BEACH, FL 32960	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAFFETT, ANNETTE, J 1446 19TH PLACE, SUITE 200 VERO BEACH, FL 32960	<input type="checkbox"/> Delete			
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.					
SIGNATURE: <i>J. Maffett</i>				Date <i>3-28-07</i> Daytime Phone # <i>772-595-0711</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					