

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000941

Entity Name: NO WAKE, LLC

FILED  
Mar 11, 2008  
Secretary of State

**Current Principal Place of Business:**

1230 SEAWAY DR  
FORT PIERCE, FL 34949

**New Principal Place of Business:**

**Current Mailing Address:**

1446 19TH PLACE, SUITE 200  
VERO BEACH, FL 32960

**New Mailing Address:**

FEI Number: 42-1689888

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COLTON, PAIGE K  
1446 19TH PLACE, SUITE 200  
VERO BEACH, FL 32960 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: MGRM ( ) Delete  
Name: MAFFETT, JEFFREY A  
Address: 1446 19TH PLACE, SUITE 200  
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM ( ) Delete  
Name: MAFFETT, ANNETTE J  
Address: 1446 19TH PLACE, SUITE 200  
City-St-Zip: VERO BEACH, FL 32960

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MAFFETT, JEFFREY A  
Address: 1230 SEAWAY DRIVE  
City-St-Zip: FORT PIERCE, FL 34949

Title: MGRM (X) Change ( ) Addition  
Name: MAFFETT, ANNETTE J  
Address: 1230 SEAWAY DRIVE  
City-St-Zip: FORT PIERCE, FL 34949

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: WILLIAM F DONOVAN

CPA

03/11/2008

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