

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018616

Entity Name: EKOLU WAHINE, LLC

FILED  
Jan 20, 2009  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 1146  
PORT SALERNO, FL 34992

## New Principal Place of Business:

3591 SE LEONARD LANE  
STUART, FL 34997

## Current Mailing Address:

P.O. BOX 1146  
PORT SALERNO, FL 34992

## New Mailing Address:

FEI Number: 51-0567320

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOJCIESZAK, KIM  
3591 SE LEONARD LANE  
PORT SALERNO, FL 34992 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: WOJCIESZAK, KATHERINE  
Address: P.O. BOX 1146  
City-St-Zip: PORT SALERNO, FL 34992

Title: MGRM ( ) Delete  
Name: WOJCIESZAK, KIMBERLY  
Address: 9976 NE 104TH TERRACE  
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGRM ( ) Delete  
Name: WOJCIESZAK, JENNIFER  
Address: 11349 NE 51ST COURT  
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGRM ( ) Delete  
Name: WOJCIESZAK, KIM R  
Address: 3591 SE LEONARD LANE  
City-St-Zip: PORT SALERNO, FL 34992

## ADDITIONS/CHANGES:

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

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

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

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: KATHERINE WOJCIESZAK

MGRM

01/20/2009

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