

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000018616

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

**Entity Name:** EKOLU WAHINE, LLC

**Current Principal Place of Business:**

3591 SE LEONARD LANE  
STUART, FL 34997

**New Principal Place of Business:**

**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  
**Name:** WOJCIESZAK, KATHERINE  
**Address:** P.O. BOX 1146  
**City-St-Zip:** PORT SALERNO, FL 34992

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

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

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

I hereby 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

MNGR

04/13/2010

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