

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 29, 2008 08:00 A
Secretary of State

DOCUMENT # L06000019788

1. Entity Name
WAHOO II, LLC



Principal Place of Business

**1700 SOUTH MACDILL AVENUE, SUITE 220
TAMPA, FL 33629**

Mailing Address

**1700 SOUTH MACDILL AVENUE, SUITE 220
TAMPA, FL 33629**



01212008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4416726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JENNEWEIN, JONATHAN P
101 EAST KENNEDY BLVD., SUITE 3700
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000843925
03/12/08-80015-006 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BERTON, STEWART T
STREET ADDRESS	1700 MACDILL AVE., 220
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	MGRM
NAME	MURRAY, JAMES K III
STREET ADDRESS	1700 S. MACDILL AVE., STE 220
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-26-08 813-223-2424