

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

02-28-2008 90105 045 ***138.75

DOCUMENT # L06000034802	
1. Entity Name WESTERN FLORIDA LIGHTING ORLANDO, LLC	

Principal Place of Business 2533 PERMIT PLACE NEW PORT RICHEY, FL 34655	Mailing Address 2533 PERMIT PLACE NEW PORT RICHEY, FL 34655
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02122008 Chg-LLC CR2E083 (12/06)

4. FEI Number 86-1154982	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SOROTA, JOSEPH J JR. 28100 U.S. HIGHWAY 19 NORTH, SUITE 504 CLEARWATER, FL 33761	7. Name and Address of New Registered Agent Name SOROTA, JOSEPH J JR. Street Address (P.O. Box Number is Not Acceptable) 29750 U.S. 19 NORTH SUITE 500 City CLEARWATER FL Zip Code 33761
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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 renewing) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WESTERN FLORIDA LIGHTING, INC. 2533 PERMIT PLACE NEW PORT RICHEY, FL 34655 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KROHN, ROBERT G JR. 222 SOUTH WESTMONTE DRIVE, SUITE 204 ALTAMONTE SPRINGS, FL 32714 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER ENRIQUE A. DONATI 1665 RIDGE TOP DR TARABO SPRINGS, FL 34688 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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 	Date 2/25/08	Daytime Phone # 727-733-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		