2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# L06000034802

Entity Name: WESTERN FLORIDA LIGHTING ORLANDO, LLC

Current Principal Place of Business:

2533 PERMIT PLACE
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

Current Mailing Address:

2533 PERMIT PLACE
NEW PORT RICHEY, FL 34655

New Mailing Address:

FEI Number: 86-1154982 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOROTA, JOSEPH J JR.
29750 US 19 N STE 200
CLEARWATER, FL 33761 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:	WESTERN FLORIDA LIGH, TING, INC.	
Address:	2533 PERMIT PLACE	
City-St-Zip:	NEW PORT RICHEY, FL 34655	
Title:	MGRM	( ) Delete
Name:	KROHN, ROBERT G JR.	
Address:	222 SOUTH WESTMONTE DRIVE, SUITE 204	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	MGRM	( ) Delete
Name:	DONATI, EMILIE A	
Address:	1605 RIDGE TOP DR	
City-St-Zip:	TARPON SPRINGS, FL 34688	

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:	

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: EMILIE A. DONATI MGRM 01/07/2009

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