## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050972

Entity Name: WHITEFISHLOMA, LLC

FILED Apr 21, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

6091 LINNEAL BEACH DRIVE 1180 SPRING CENTRE S. BLVD APOPKA, FL 32703 US

SUITE 221

ALTAMONTE SPRINGS, FL 32714 US

**Current Mailing Address:** New Mailing Address:

6091 LINNEAL BEACH DRIVE APOPKA, FL 32703

FEI Number: 20-5292929 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

A.G.C. CO. 200 S. ORANGE AVENUE **SUITE 2300** ORLANDO, FL 32801 US SOMMER, LORI G 6091 LINNEAL BEACH DR APOPKA, FL 32703

ADDITIONS/CHANGES:

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: LORI G. SOMMER 04/21/2009

> Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

MGR () Delete Name: SOMMER, LORI G MGR

Address: 1180 SPRING CENTRE SOUTH BLVD. SUITE #221

City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: ( ) Delete

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

SOMMER, LORI G Name: Address: 6091 LINNEAL BEACH DR City-St-Zip: APOPKA, FL 32703 US

Title: MGR ( ) Change (X) Addition

DANIELS, DEBRA S Name: Address: 1911 DURFFY AVE City-St-Zip: ORANGE CITY, FL 32763

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: LORI G. SOMMER **MGRM** 04/21/2009