

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000062799</b>	
1. Entity Name <b>WILLIAM NANGLE LLC</b>	
Principal Place of Business <b>6534 ANGUS VALLEY DRIVE WESLEY CHAPEL, FL 33544</b>	Mailing Address <b>6534 ANGUS VALLEY DRIVE WESLEY CHAPEL, FL 33544</b>



01292008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-5074213</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**NANGLE, WILLIAM  
6534 ANGUS VALLEY DRIVE  
WESLEY CHAPEL, FL 33544**

**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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	NANGLE, WILLIAM
STREET ADDRESS	6534 ANGUS VALLEY DRIVE
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544

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02/14/08-80008-014.138.75

**DO NOT WRITE  
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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:** William Nangle **William Nangle** 1-30-08 813 973-1226  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #