

FILED
Mar 10, 2008 08:00 A
Secretary of State

LIABILITY COMPANY
2008 LIMITED ANNUAL REPORT
L06000065204

WLODGE, LLC



Principal Place of Business
1415 SW 17TH STREET
OCALA, FL 34474

Mailing Address
1415 SW 17TH STREET
OCALA, FL 34474



01252008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5174077

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HICKS, DANIEL ESQ
421 SOUTH PINE AVE
OCALA, FL 34474

**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 ARMSTRONG SCOTT W
STREET ADDRESS 1415 SW 17TH STREET
CITY-ST-ZIP Ocala, FL 34474

TITLE MGRM
NAME ARMSTRONG FRED C
STREET ADDRESS 1415 SW 17TH STREET
CITY-ST-ZIP Ocala, FL 34474

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000000851384
03/25/08-80037-008 138.75

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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

3/4/08

Date

352-624-0120

Daytime Phone #