

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2008 8:00 am
Secretary of State

08-06-2008 90030 021 ***138.75

DOCUMENT # L06000077023

1. Entity Name
WORKGIANT INVESTMENT GROUP, LLC.



Principal Place of Business
**11613 PLANTATION PRESERVE CIR
FORT MYERS, FL 33912 US**

Mailing Address
**11613 PLANTATION PRESERVE CIR
FORT MYERS, FL 33912 US**

50009061

2. Principal Place of Business - No P.O. Box #
11156 LAKELAND CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
11156 LAKELAND CIRCLE
Suite, Apt. #, etc.



07312008 Chg-LLC CR2E083 (12/06)

City & State
FORT MYERS
Zip
33913 Country
US

City & State
FORT MYERS
Zip
33913 Country
US

4. FEI Number
20-5356401 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent
**SOUTHWEST PROFESSIONAL SERVICES OF S FL IN
13571 MCGREGOR BLVD #22
FORT MYERS, FL 33919**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALLEN, MARK 11613 PLANTATION PRESERVE CIR FORT MYERS, FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IAVARONI, RICHARD 13202 HEATHER RIDGE LOOP FORT MYERS, FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COURT, JASON 11156 LAKELAND CIR FORT MYERS, FL 33913	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COURT, LYNN 10480 WASHINGTONIA PALM WAY #1138 FORT MYERS, FL 33966	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COURT, AMY 3275 LENOX RD #202 ATLANTA, GA 30324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TYSON, JEFF P.O. BOX 08298 FORT MYERS, FL 33908	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10023 VIA SAN MARCO LOOP FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10391 BUTTERFLY PALM DR #1044 FORT MYERS, FL 33966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8-4-08

Date

239-340-8079

Daytime Phone #