

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092397

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: DOUG WATHEN LLC

**Current Principal Place of Business:**

12310 WHITE PINE LANE  
FT MYERS, FL 33913

**New Principal Place of Business:**

**Current Mailing Address:**

12310 WHITE PINE LANE  
FT MYERS, FL 33913

**New Mailing Address:**

FEI Number: 20-5680188

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WATHEN, PAUL D  
12310 WHITE PINE LANE  
FT MYERS, FL 33913 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: WATHEN, PAUL D  
Address: 12310 WHITE PINE LANE  
City-St-Zip: FT. MYERS, FL 33913

Title: MGR ( ) Delete  
Name: WATHEN, NORMA F  
Address: 12310 WHITE PINE LANE  
City-St-Zip: FT. MYERS, FL 33913

Title: MGRM ( ) Delete  
Name: WILLSON, THOMAS A  
Address: 15200 NORTH PEBBLE LANE  
City-St-Zip: FT MYERS, FL 33912

**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: PAUL D. WATHEN

MGRM

04/21/2009

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