

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094228

Entity Name: WYCKOFF-RUSSO, LLC

FILED  
Apr 30, 2007  
Secretary of State

**Current Principal Place of Business:**

899 SW DALTON AVENUE  
PORT SAINT LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

899 SW DALTON AVENUE  
PORT SAINT LUCIE, FL 34953

**New Mailing Address:**

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

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

YATES, E. CLAYTON  
311 SOUTH SECOND STREET, STE. 102  
FORT PIERCE, FL 34950 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: WYCKOFF, WALTER  
Address: 899 SW DALTON AVENUE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: MGRM ( ) Delete  
Name: WYCKOFF, THERESA  
Address: 899 SW DALTON AVENUE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WYCKOFF, WALTER J SR.  
Address: 899 SW DALTON AVENUE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

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: WALTER J. WYCKOFF SR.

MGRM

04/30/2007

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