

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000102188

Entity Name: WOB, LLC

FILED  
Feb 05, 2009  
Secretary of State

## Current Principal Place of Business:

590 SOLUTIONS WAY  
ROCKLEDGE, FL 32955 US

## New Principal Place of Business:

590 SOLUTIONS WAY  
SUITE 100  
ROCKLEDGE, FL 32955 US

## Current Mailing Address:

590 SOLUTIONS WAY  
ROCKLEDGE, FL 32955 US

## New Mailing Address:

590 SOLUTIONS WAY  
SUITE 100  
ROCKLEDGE, FL 32955 US

FEI Number: 20-5770286

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROCKHOUSE, KEITH S  
590 SOLUTIONS WAY  
ROCKLEDGE, FL 32955 US

## Name and Address of New Registered Agent:

BROCKHOUSE, KEITH S  
590 SOLUTIONS WAY  
SUITE 100  
ROCKLEDGE, FL 32955 US

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:

02/05/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: B2H2, LLC,  
Address: 590 SOLUTIONS WAY  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: MGRM ( ) Delete  
Name: JAMES O'DAY COMPANY,, LLC  
Address: 1970 MICHIGAN AVENUE BLDG E  
City-St-Zip: COCOA, FL 32922 US

## ADDITIONS/CHANGES:

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: B2H2, LLC

MGRM

02/05/2009

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