## 2007 LIMITED LIABILITY COMPANY

## FILED Feb 05, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L06000102791 02-05-2007 90211 001 \*\*\*250 00 1. Entity Name 4WHAT, LLC Principal Place of Business Mailing Address UUUUUNUU 24017 PRODUCTION CIRCLE 24017 PRODUCTION CIRCLE **BONITA SPRINGS, FL 34135** BONITA SPRINGS, FL 34135 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192007 Chq-LLC CR2E083 (12/06) City & State City & State 4. FÉI Number Applied For 20-5846250 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HL STATUTORY AGENT, INC. Street Address (P.O. Box Number is Not Acceptable) 3301 BONITA BEACH ROAD **SUITE 308** BONITA SPRINGS, FL 34134 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, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstatung) DATE Fillng Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR MGR TITLE TITLE ☐ Change ■ Delete Addition ESCH, THOMAS NAME NAME MANBOCA, FRANK STREET ADDRESS 140 E. HILO 2051 TRADE CONTRA WAY STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34113 CITY-ST-ZIP NAPLES, FL 34109 MGR TITLE MOR Delete TITLE ☐ Change **Addition** KENT, RICHARD J NAME Cossetta , Jim NAME STREET ADDRESS 835 PETERS ROAD STREET ADDRESS 24017 PRADICIONI CIRCLE CITY-ST-ZIP CASNOVIA, MI 49318 CITY-ST-ZIP BONITA SPRINGS, FL BY135 Delete TITLE ☐ Change **X**Addition NAME MASTED, WATE STREET ADDRESS 24017 PRODUCTION FIRELE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BONISM SPEINES, FL 34135 TITLE ☐ Delete Addition NAME NAME ATWOOD, PETD STREET ADDRESS STREET ADDRESS 24017 PRODUCTUM CLACLE CITY-ST-ZIP CITY-ST-ZIP BONITA SPENCE, PL 34135 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY+ST-7(P