

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000102791

Entity Name: 4WHAT, LLC

FILED
Feb 16, 2009
Secretary of State

Current Principal Place of Business:

1040 COLLIER CENTER WAY, SUITE 15
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

1040 COLLIER CENTER WAY, SUITE 15
NAPLES, FL 34110

New Mailing Address:

FEI Number: 20-8007743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HL STATUTORY AGENT, INC.
800 LAUREL OAK DRIVE
#600 M&I BUILDING
NAPLES, FL 34108 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: MGR () Delete
Name: ESCH, THOMAS
Address: 140 E. HILO
City-St-Zip: NAPLES, FL 34113

Title: MGR () Delete
Name: COSSETTA, JIM
Address: 1040 COLLIER CENTER WAY, SUITE 15
City-St-Zip: NAPLES, FL 34110

Title: MGR () Delete
Name: MASTRO, WADE
Address: 1040 COLLIER CENTER WAY, SUITE 15
City-St-Zip: NAPLES, FL 34110

Title: MGR () Delete
Name: ATWOOD, REID
Address: 1040 COLLIER CENTER WAY, SUITE 15
City-St-Zip: NAPLES, FL 34110

Title: MGR () Delete
Name: KENT, RICHARD J
Address: 835 PETERS ROAD
City-St-Zip: CASNOVIA, MI 49318

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: COSSETTA, JIM
Address: 8430 HOLLOW BROOKE CIRCLE
City-St-Zip: NAPLES, FL 34119

Title: MGR (X) Change () Addition
Name: MASTRO, WADE
Address: 8451 HOLLOW BROOKE CIRCLE
City-St-Zip: NAPLES, FL 34119

Title: MGR (X) Change () Addition
Name: ATWOOD, REID
Address: 1523 HAPPOLO LANE
City-St-Zip: NAPLES, FL 34105

Title: MGR (X) Change () Addition
Name: ESCH, JAMES
Address: 4138 SKYWAY DRIVE
City-St-Zip: NAPLES, FL 34113

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: ALISON MOSCA

CONT

02/16/2009

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