

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000102791

Entity Name: 4WHAT, LLC

**FILED**  
**May 14, 2012**  
**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: MGRM  
Name: COSSETTA, JAMES CEO  
Address: 8430 HOLLOW BROOKE CIRCLE  
City-St-Zip: NAPLES, FL 34119

Title: MGRM  
Name: MASTRO, WADE COO  
Address: 8451 HOLLOW BROOKE CIRCLE  
City-St-Zip: NAPLES, FL 34119

Title: MGRM  
Name: ATWOOD, PATRICK CCO  
Address: 1523 HAPPOLO LANE  
City-St-Zip: NAPLES, FL 34105

Title: MGR  
Name: MOSCA, ALISON CONTRL  
Address: 1040 COLLIER CENTER WAY, STE 15  
City-St-Zip: NAPLES, FL 34110

I hereby 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

MGR

05/14/2012

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