

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 10, 2007 8:00 am
Secretary of State

08-21-2007 90048 021 ****50.00

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2nd MOORE CR2E083 (4/07)

DOCUMENT # L06000103171					
1. Entity Name DAVID WISNOWSKI LLC					
Principal Place of Business 108 CHEROKEE TRAIL PENSACOLA FL 32506 US			Mailing Address 108 CHEROKEE TRAIL PENSACOLA FL 32506 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 42-1553476	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WISNOWSKI, DAVID S 108 CHEROKEE TRAIL PENSACOLA FL 32506				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ (NOTE: Registered Agent signature required when new/Status)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WISNOWSKI, DAVID S 108 CHEROKEE TRAIL PENSACOLA FL 32506 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>David S. Wisnowski</i> David S. Wisnowski 8-17-07 850-266-3846					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Designated Phone #					