

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90194 020 \*\*\*\*55.00

DOCUMENT # L06000114327

1. Entity Name

WHITEWATER ENTERPRISES, LLC



Principal Place of Business

Mailing Address

22562 NW WHITE WATER GRADE  
ALTA FL 32421

254 N. BASS DR.  
WEWAHITCHKA FL 32465



2. Principal Place of Business - No P.O. Box #

22562 NW White Water Gr

Suite, Apt. #, etc.

3. Mailing Address

254 N. Bass Dr

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

Altha, FL

City & State

wevahitchka, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

32421

Country

Coloon

Zip

32465

Country

Gulf

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWSOME, SAMANTHA C  
254 N. BASS DR.  
WEWAHITCHKA FL 32465

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 Samantha C Newsome

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-26-07

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

MGR  
NEWSOME, SAMANTHA C  
254 N. BASS DR.  
WEWAHITCHKA FL 32465

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

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CITY- ST- ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Samantha C Newsome

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

2-26-07 639-4436

(Date)

(Daytime Phone #)