

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90401 012 ***138.75

DOCUMENT # L06000120805

1. Entity Name
THE BETTY WHITMIRE LLC



Principal Place of Business
4715 SHORECREST DRIVE
ORLANDO, FL 32817

Mailing Address
4715 SHORECREST DRIVE
ORLANDO, FL 32817

60011939



02202008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2074008

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITMIRE, CARTER C
4715 SHORECREST DRIVE
ORLANDO, FL 32817

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reappointing)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME WHITMIRE, CARTER C
STREET ADDRESS 4715 SHORECREST DR
CITY-ST-ZIP ORLANDO, FL 32817

TITLE MGR
NAME WHITMIRE, WILLIAMS S
STREET ADDRESS 6619 HIDDEN BEACH CIR
CITY-ST-ZIP ORLANDO, FL 32819

TITLE MGR
NAME WHITMIRE, ROBERT S
STREET ADDRESS 809 CORDOVA ST
CITY-ST-ZIP ORLANDO, FL 32804

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

Carter C. Whitmire, Jr

2-21-08