

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 18, 2008 8:00 am**  
**Secretary of State**

07-18-2008 90050 003 \*\*\*138.75

**DOCUMENT # L07000010284**

1. Entity Name  
**THE WHITE ORGANIZATION, LLC**



Principal Place of Business  
2899 PEBBLE CREEK ST.  
MELBOURNE, FL 32935

Mailing Address  
2899 PEBBLE CREEK ST.  
MELBOURNE, FL 32935

**50008548**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07022008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**26-0786223**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, LORENZO  
2899 PEBBLE CREEK STREET  
MELBOURNE, FL 32935

7. Name and Address of New Registered Agent

Name **Paul White**

Street Address (P.O. Box Number is Not Acceptable)

**2899 Pebble Creek St**

City **Melbourne**

**FL 32935**

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

*Paul White*

*Long White*

**7-15-08**

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

(NOTE) Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME WHITE, PAUL  
STREET ADDRESS 2899 PEBBLE CREEK ST.  
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addit  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addit  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*Paul White*