

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000011356

**FILED**  
**Jan 09, 2008**  
**Secretary of State**

**Entity Name:** WO NELLY, LLC

**Current Principal Place of Business:**

4428 DUNCAN ROAD  
PUNTA GORDA, FL 33951

**New Principal Place of Business:**

4432 DUNCAN ROAD  
PUNTA GORDA, FL 33982

**Current Mailing Address:**

4428 DUNCAN ROAD  
PUNTA GORDA, FL 33951

**New Mailing Address:**

4432 DUNCAN ROAD  
PUNTA GORDA, FL 33982

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FILEMAN, GARY T  
1107 WEST MARION AVE. SUITE 112  
PUNTA GORDA, FL 33950    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:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      O                      ( ) Change (X) Addition  
Name:                      HOVANEK, MICHAEL F  
Address:                      4432 DUNCAN ROAD  
City-St-Zip:                      PUNTA GORDA, FL 33982 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MICHAEL F. HOVANEK                      O                      01/09/2008

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