

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90098 009 \*\*\*138.75

**DOCUMENT # L07000038747**

1. Entity Name  
**WEBKRAFTWIRELESS, LLC**



Principal Place of Business

**6555 POWERLINE ROAD  
SUITE 102  
FT LAUDERDALE, FL 33309**

Mailing Address

**6555 POWERLINE ROAD  
SUITE 102  
FT LAUDERDALE, FL 33309**

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

**112 NE 6th Ave**

3. Mailing Address

**112 NE 6th Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WILLISTON FL**

City & State

**WILLISTON FL**

Zip

**32696**

Country

**USA**

Zip

**32696**

Country

**USA**

04072008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

**20-8897623**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NEW LIFE GROUP, LLC  
6555 POWERLINE ROAD  
SUITE 102  
FT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name  
**ALLEN K KRAFT**

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

**112 NE 6th Ave**

City  
**WILLISTON**

**FL**

Zip Code

**32696**

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 reinstating)

/DATE

**14 APR 08**

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
NEW LIFE GROUP, LLC  
6555 POWERLINE ROAD, SUITE 102  
FT LAUDERDALE, FL 33309** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MANAGE MGR  
ALLEN K KRAFT  
112 NE 6TH AVE  
WILLISTON FL 32696** ☐ Change ☒ Addition

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

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

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

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:

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

Date

Daytime Phone #

**14 APR 08 3525890400**