

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000074525

FILED  
Mar 21, 2009  
Secretary of State

Entity Name: WTDI, LLC

**Current Principal Place of Business:**

652 N. TREMAIN STREET  
MOUNT DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

652 N. TREMAIN STREET  
MOUNT DORA, FL 32757

**New Mailing Address:**

PO BOX 1935  
MOUNT DORA, FL 32756

FEI Number: 02-0811316

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

YOUNG, BRIAN E  
652 N. TREMAIN STREET  
MOUNT DORA, FL 32757 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: MGRM ( ) Delete  
Name: YOUNG, BRIAN E  
Address: 652 N. TREMAIN STREET  
City-St-Zip: MOUNT DORA, FL 32757

Title: MGRM ( ) Delete  
Name: LUCAS, RACHELLE A  
Address: 652 N. TREMAIN STREET  
City-St-Zip: MOUNT DORA, FL 32757

Title: MGRM ( ) Delete  
Name: HOBART, JAMES  
Address: 112 S. HAMPTON AVE.  
City-St-Zip: ORLANDO, FL 32806

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RACHELLE LUCAS

MM

03/21/2009

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