

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90014 004 \*\*\*138.75

**DOCUMENT # L07000074627**

1. Entity Name  
**W CAPITAL LLC**



Principal Place of Business  
**4100 LEGENDARY DRIVE  
SUITE 240  
DESTIN, FL 32541 US**

Mailing Address  
**4100 LEGENDARY DRIVE  
SUITE 240  
DESTIN, FL 32541 US**

**60037947**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number

**26-0559672**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEEKLEY, LESLIE D ESQ.  
36468 EMERALD COAST PARKWAY  
OLD SOUTH CENTRE, SUITE 7102  
DESTIN, FL 32541**

Name

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

City

**FL**

Zip Code

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

**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

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete  
NAME POPE, BILLY JR.  
STREET ADDRESS 4100 LEGENDARY DRIVE, SUITE 240  
CITY-ST-ZIP DESTIN, FL 32541

TITLE MGRM ☐ Change ☒ Addition  
NAME MIHALKO-POPE, DELORES  
STREET ADDRESS 4100 LEGENDARY DRIVE, SUITE 240  
CITY-ST-ZIP DESTIN FL 32541

TITLE MGRM ☒ Delete  
NAME EARLES, PATRICK J  
STREET ADDRESS 4100 LEGENDARY DRIVE, SUITE 240  
CITY-ST-ZIP DESTIN, FL 32541

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

TITLE MGRM ☒ Delete  
NAME HANLEY, KENNETH  
STREET ADDRESS 2015 FAIRWAYS DRIVE  
CITY-ST-ZIP BATON ROUGE, LA 70809

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

TITLE MGRM ☒ Delete  
NAME SHERMAN, MAYER  
STREET ADDRESS 85 MULBERRY EAST  
CITY-ST-ZIP DEERFIELD, IL 60015

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: *Delores Mihalko-Pope*

*4/29/2008*

*850-654-6582*

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

Date

Daytime Phone #