

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088812

Entity Name: WITAN WALCZAK LLC

FILED  
Apr 14, 2009  
Secretary of State

**Current Principal Place of Business:**

2979 PGA BLVD.  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

1045 OCEAN DRIVE  
303  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

1045 OCEAN DRIVE  
303  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

FEI Number: 26-1173886

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WALCZAK, STEPHANIE W  
4225 EAST MAIN STREET  
JUPITER, FL 33458 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: CEO ( ) Delete  
Name: WALCZAK, STEPHANIE W  
Address: 1045 OCEAN DRIVE, 303  
City-St-Zip: NORTH PALM BEACH, FL 33408

**ADDITIONS/CHANGES:**

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: STEPHANIE WALCZAK

MS.

04/14/2009

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