## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000011990

Entity Name: WME, LLC

FILED Jun 26, 2009 Secretary of State

5104 HANNA AVE. 11431 KNIGHTS GRIFFIN RD TAMPA, FL 33634 US THONOTOSASSA, FL 33592 US

Current Mailing Address: New Mailing Address:

5104 HANNA AVE. 11431 KNIGHTS GRIFFIN RD TAMPA, FL 33634 US THONOTOSASSA, FL 33592 US

FEI Number: 30-0468837 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

ELOZORY, TODD ELOZORY, TODD

5104 HANNA AVE. 11431 KNIĞTHS GRIFFIN RD TAMPA, FL 33634 US THONOTOSASSA, FL 33592 US

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: 06/26/2009

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

## ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: MGRM ( X) Change ( ) Addition Name: WARHOLA, MARK Name: ELOZORY, JANET

Address: 5104 HANNA AVE. Address: 11431 KNIGHTS GRIFFIN RD
City-St-Zip: TAMPA, FL 33634 US City-St-Zip: THONOTOSASSA, FL 33592 US

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition MAIDA, MICHAEL Name: ELOZORY, ASHLEIGH Name: Address: 5104 HANNA AVE. Address: 11431 KNIGHTS GRIFFIN RD City-St-Zip: TAMPA, US 33634 FL City-St-Zip: THONOTOSASSA, FL 33592 US

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition Name: ELOZORY, JANET Name: ELOZORY, AARON

Address: 5104 HANNA AVE. Address: 11431 KNIGHTS GRIFFIN RD

City-St-Zip: TAMPA, FL 33634 US City-St-Zip: THONOTOSASSA, FL 33592 US

Title: ( ) Delete Title: MGRM ( ) Change (X) Addition Name: BLOZORY, ALEXANDER Address: 11431 KNIGHTS GRIFFIN RD

Address: Address: 11431 KNIGHTS GRIFFIN RD.
City-St-Zip: City-St-Zip: THONOTOSASSA, FL 33592 US

Name: Name: ELOZORY, ALLIE

Address: Address: 11431 KNIGHTS GRIFFIN RD City-St-Zip: THONOTOSASSA, FL 33592 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: JANET ELOZORY MGRM 06/26/2009