

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000025223

FILED
Apr 16, 2009
Secretary of State

Entity Name: WP FINANCIAL, LLC

Current Principal Place of Business:

% PATRICK W. RYSKAMP
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

New Principal Place of Business:

C/O PATRICK W. RYSKAMP
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

Current Mailing Address:

% PATRICK W. RYSKAMP
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

New Mailing Address:

C/O PATRICK W. RYSKAMP
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

FEI Number: 26-2543548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RYSKAMP, PATRICK W
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: RYSKAMP, PATRICK W
Address: 200 SOUTH ORANGE AVENUE
City-St-Zip: SARASOTA, FL 34236

Title: MGR () Change (X) Addition
Name: BETTLE, IV, GRISCOM
Address: 411-A ST. ARMANDS CIRCLE
City-St-Zip: SARASOTA, FL 34236

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: PATRICK W. RYSKAMP

MGR

04/16/2009

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