2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# L08000032107

Entity Name: WOBBLE, LLC

Current Principal Place of Business:

590 SOLUTIONS WAY,
SUITE 100
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

590 SOLUTIONS WAY
SUITE 100
ROCKLEDGE, FL 32955 FL

New Mailing Address:

590 SOLUTIONS WAY,
SUITE 100
ROCKLEDGE, FL 32955 US

FEI Number: 26-2294139 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROCKHOUSE, KEITH
590 SOLUTIONS WAY
SUITE 100
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

BROCKHOUSE, KEITH S
590 SOLUTIONS WAY
SUITE 100
ROCKLEDGE, FL 32955 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: KEITH S. BROCKHOUSE 04/01/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: B2H2, LLC
Address: 590 SOLUTIONS WAY, STE. 100
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: MGRM ( ) Delete
Name: JAMES O'DAY COMPANY, LLC
Address: 1970 MICHIGAN AVENUE, BLDG. E
City-St-Zip: COCOA, FL 32922

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: JAMES O'DAY COMPANY, LLC
Address: 1037 PATHFINDER WAY
City-St-Zip: ROCKLEDGE, FL 32955

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: KEITH S. BROCKHOUSE MGRM 04/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date