

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000036126

Entity Name: WHITE HAIRE MAN, LLC

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

23023 LOWVILLE AVENUE  
PORT CHARLOTTE, FL 33952 US

**New Principal Place of Business:**

**Current Mailing Address:**

23023 LOWVILLE AVENUE  
PORT CHARLOTTE, FL 33952 US

**New Mailing Address:**

FEI Number: 26-2383293      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:**

INCRP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PRZYBYLA, DAVID A  
Address: 23023 LOWVILLE AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: MGRM  
Name: GALLIGAN, MICHAEL L  
Address: 4041 GRANGEHALL ROAD LOT 98  
City-St-Zip: HOLLY, MI 48442 US

I hereby 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: DAVID A PRZYBYLA

MGRM

05/03/2010

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