## FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE



,	ANNUAL R <b>199</b>		Secretary of Solvision of Corp			f State	97 APR 21 PM 12: 47				
FILING \$ 203	3.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
1. Name and Mailing Address of Limited Liability Company DOCUMENT #L95000000004							1a. Principal Place of Business Address				
WMR PROPERTIES, L.C. 223 TAYLOR STREET PUNTA GORDA FL 33950							223 TAYLOR STREET PUNTA GORDA FL 33950				
If above mailing address is incorrect in any way, the through incorrect information and enter correction in Block 2a.  2 Principal Place of Business 2a. Mailing Address							3. Date Organize	ed or Qualified	3a. State	of Formation	
SAME							h1/01/10	0.5	TO T		
Suite, Apt. #, etc.			Suite, Ap		١,		01/01/1995 FL 4. FEI Number				
City & Sta	City & St	ate			00 00 00 1 4 T			Not Applicable cate of Status Desired			
Zφ	<u>.</u>	Country	Zip		Cour	itry	13/14/19		58 /5 Add	ibon at Fee Hequired	
7. Name and Address of Current Registered A				Agent			8. Name and Address of New Registered Agent			gent	
WOTITZKY, EDWARD L 223 TAYLOR STREET PUNTA GORDA FL 33950						Name Street Address (P.O. Box Number Is Not Acceptable) Sulte, Apt. #, etc.					
						Suite, Apr. #, en	Suite, Apr. #, etc.				
						City	Zip Code			)	
its registe	red office or reg	sions of Sections 608.416 istered agent, or both, in the accept the obligations.						ubmits this stat			
SIGNATURE								DATE			
10. Title Managing Members/Managers				Business Street Address							
MGRM	WOTITZ	KY, EDWARD I		23	TAYLOR	STREET		PUNTA G	ORDA	FL	
MEM	MIZELL,	, JOHN B	:	23	TAYLOR	STREET		PUNTA G	ORDA	FL	
MEM	ROSS, V	WARREN R	;	23	TAYLOR	STREET	;	PUNTA C	ORDA	FL	
MEM	WOTITZE	KY, HAL F	:	23	TAYLOR	STREET		PUNTA G	ORDA	FL	
44 1-4-1-		the integration and the	is this situation		quality for the	vomation stated in S		*****Z	19.75 Wg	1087-1007 *****203.75	
indicated ( limited liab	on this annual r	the information supplied w eport is true and accurate or the receiver or trusted or ess.	and that my s	ignatur	e shall have the	same legal effect a	as if made under oath	n; that I am a me	inaging men	nber or manager of the	

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER