

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000521

Entity Name: WAMACA L.C.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

1315 BAYSHORE DR
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

C/O STEVEN T WELCH
4400 E HWY 20 STE 304
NICEVILLE, FL 32578

New Mailing Address:

1315 BAYSHORE DR
NICEVILLE, FL 32578

FEI Number: 59-3386455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELCH, STEVEN T
4400 E HWY 20 STE 304
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

MEIGS, JANE W
1315 BAYSHORE DR
NICEVILLE, FL 32578 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: JANE W. MEIGS

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MEIGS, WILLIAM W JR
Address: 1408 BAYSHORE DR
City-St-Zip: NICEVILLE, FL 32578

Title: MGR () Delete
Name: MEIGS, JANE W
Address: 1315 BAYSHORE DR
City-St-Zip: NICEVILLE, FL 32578

Title: MGR () Delete
Name: LANG, MARTHA A
Address: PO BOX 404
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

ADDITIONS/CHANGES:

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

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

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

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: JANE W. MEIGS

MGR

04/16/2009

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