2097 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 23, 2007 08:00 AM Secretary of State

DOCUMENT#	L99000005989
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1. Entity Name WFS, LLC



Principal Place of Business

3728 NORTH MAIN STREET GAINESVILLE, FL 32609

Mailing Address

3728 NORTH MAIN STREET GAINESVILLE, FL 32609



07182007 No Chg-LLC

CR2E083 (11/05)

Applied For 4. FEI Number 59-7159511 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

HAWLEY, PHILLIP L 3728 NORTH MAIN STREET GAINESVILLE, FL 32609

DO NOT WRITE IN THIS SPACE

8	 The above named entity submits this statement for the purpose of changing 	ng its registered o	ffice or registered agent	, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.				
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SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

(NOTE, Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 14, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITTEN, ROBERT G PO BOX 1268 PHENIX CITY, AL
THLE NAME STREET ADDRESS CHY-ST-ZIP	MGR FUNDERBURK, KENNETH L PO BOX 1268 PHENIX CITY, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CIFY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000769997 07/23/07-80004-022 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR FESTED WANE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE