

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90323 033 \*\*\*138.75

<b>DOCUMENT # L99000005989</b>					
<b>1. Entity Name</b> WFS, LLC					
<b>Principal Place of Business</b> 3728 NORTH MAIN STREET GAINESVILLE, FL 32609			<b>Mailing Address</b> 3728 NORTH MAIN STREET GAINESVILLE, FL 32609		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> P.O. Box 1268			
Suite, Apt. #, etc.		Suite Apt # etc			
<b>City &amp; State</b>		City & State Phenix City, AL		<b>4. FEI Number</b> 59-7159511	
<b>Zip</b>		<b>Country</b>		Applied For Not Applicable	
36868		USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
HAWLEY, PHILLIP L 3728 NORTH MAIN STREET GAINESVILLE, FL 32609			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
Signature, typed or printed name of registered agent and title if applicable.					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State		
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR WHITTEN, ROBERT G PO BOX 1268 PHENIX CITY, AL	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR FUNDERBURK, KENNETH L PO BOX 1268 PHENIX CITY, AL	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR FUNDERBURK, KENNETH L PO BOX 1268 PHENIX CITY, AL	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR FUNDERBURK, KENNETH L PO BOX 1268 PHENIX CITY, AL	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR FUNDERBURK, KENNETH L PO BOX 1268 PHENIX CITY, AL	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR FUNDERBURK, KENNETH L PO BOX 1268 PHENIX CITY, AL	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR FUNDERBURK, KENNETH L PO BOX 1268 PHENIX CITY, AL	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR FUNDERBURK, KENNETH L PO BOX 1268 PHENIX CITY, AL	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR FUNDERBURK, KENNETH L PO BOX 1268 PHENIX CITY, AL	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR FUNDERBURK, KENNETH L PO BOX 1268 PHENIX CITY, AL	<input type="checkbox"/> Delete			
<b>11. I hereby certify that the information supplied with this filing 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.</b>					
<b>SIGNATURE:</b> _____			Kenneth Funderburk		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		
4-18-8			334-297-2900		
Daytime Phone #			334-297-2900		