

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 29, 2002 8:00 am
Secretary of State

09-29-2002 90004 044 ****55.00

DOCUMENT # M01000002915

1. Entity Name

WOOBHACA, LLC

Principal Place of Business

**1100 E. HIGHWAY 98 EAST, B 801
DESTIN FL 32541**

Mailing Address

**1100 E. HIGHWAY 98 EAST, B 801
DESTIN FL 32541**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **APPLIED FOR**
26-0017585

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MANAGEMENT COMMITTEE MEMBER						
	WAYNE ROGERS	1100 HWY 98 EAST B801	DESTIN FL 32541				
	MANAGEMENT COMMITTEE MEMBER						
	CLAY HAMNER	2200 W. MAIN ST #900	DURHAM NC 27705				
	MANAGEMENT COMMITTEE MEMBER						
	JAMES CARD	1933 COMMONWEALTH LANE	TALLAHASSEE FL 32303				

CR2E083 (4/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/20/02

310/4730514