


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90335 010 ***138.75

DOCUMENT # M02000001404	
1. Entity Name WHLS OF FLORIDA, LLC	

Principal Place of Business 159 S. MAIN STREET, SUITE 500 SUITE 600 AKRON, OH 44308	Mailing Address 159 S. MAIN STREET, SUITE 500 SUITE 600 AKRON, OH 44308
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2. Principal Place of Business - No P.O. Box # 159 South Main Street	3. Mailing Address 159 South Main Street
Suite, Apt. #, etc. Suite 600	Suite, Apt. #, etc. Suite 600
City & State Akron Ohio	City & State Akron Ohio
Zip 44308	Country USA

02042008 Chg-LLC CR2E083 (12/06)

4. FEI Number
01-0727572

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

6. Name and Address of Current Registered Agent BMD FLORIDA SERVICE, LLC 76 S LAURA ST SUITE 2110 JACKSONVILLE, FL 32202	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 500- SMC LLC 159 SOUTH MAIN ST, SUITE 500 AKRON, OH 44308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Lee S. Walles Lee S. Walles, Asst. Secy of 500-SMC, LLC, Manager 2-6-08 330-253-5060