

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000001424

1. Entity Name  
WHITE CAPS W LLC



Principal Place of Business  
1002 WINDING WAY  
BALTIMORE, MD 21210

Mailing Address  
1002 WINDING WAY  
BALTIMORE, MD 21210

**FILED**  
**Aug 27, 2008 08:00 AM**  
**Secretary of State**



08182008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

03-0451301

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

**DO NOT WRITE  
IN THIS SPACE**

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 \$538.75**  
**Due by September 12, 2008**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WILSON, STEPHANIE E 1002 WINDING WAY BALTIMORE, MD 21210
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U000000958445  
08/27/08-80002-019 538.75

**DO NOT WRITE  
IN THIS SPACE**

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: STEPHANIE E. WILSON *S E Wilson*

8/22/08 410 323-8623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #