2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

02-24-2006 90244 026 ****55.00

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01312006 Chg-LLC CR2E083 (11/05)

DOCUMENT # M04000004189

1. Entity Name
WITTLE GUYS, LLC

Principal Place of Business	Mailing Address
1156 N.E. CLEVELAND STREET CLEARWATER, FL 33755	1156 N.E. CLEVELAND STREET CLEARWATER, FL 33755

2. Principal Place of Business		3. Mailing Address	
6730 W Linebaugh Ave		6730 W Linebaugh Ave	
Suite, Apt. #, etc. 201		Suite, Apt. #, etc. 201	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33625	County Hillsborough	Zip 33625	County Hillsborough

4. FEI Number 73-1718212 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HANNA, LINDA C
600 S. MAGNOLIA AVE., SUITE 125
TAMPA, FL 33606

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] P. David Tropf - Authorized Rep 3/8/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GOLDEN, NANCY J 1156 N.E. CLEVELAND STREET CLEARWATER, FL 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Golden, Nancy J 6730 W Linebaugh Ave, Ste 201 Tampa, FL 33625	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TROPF, ROSEMARY 1156 N.E. CLEVELAND STREET CLEARWATER, FL 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Tropf, Rosemarie 6730 W Linebaugh Ave, Ste 201 Tampa, FL 33625	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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] P. David Tropf 3/28/06
Authorized Reprensentative