

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90079 031 \*\*\*158.75

**DOCUMENT # M04000004189**

1. Entity Name  
**WITTLE GUYS, LLC**



Principal Place of Business  
**6730 W LINEBAUGH AV  
# 201  
TAMPA, FL 33625**

Mailing Address  
**6730 W LINEBAUGH AV  
# 201  
TAMPA, FL 33625**

60046320



01042007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP  
**MGRM  
GOLDEN, NANCY J  
6730 W LINEBAUGH AVE, STE 201  
TAMPA, FL 33625**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP  
**MGRM  
TROPF, ROSEMARY  
6730 W LINEBAUGH AVE, STE 201  
TAMPA, FL 33625**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

**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:**

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

Date

Daytime Phone #

**David Tropf** 4/27/07 813-960-7787