

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90074 035 ****50.00

DOCUMENT # M05000006872

1. Entity Name
WHN, LLC



Principal Place of Business
1490 NW 104 AVE.
PLANTATION, FL 33322

Mailing Address
1490 NW 104 AVE.
PLANTATION, FL 33322

DO NOT WRITE IN THIS SPACE



08212006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
76-0806392

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROGERS, CRAIG ESQ.
100 NW 70TH AVE.
PLANTATION, FL 33317

**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 reissuing)

DATE _____

Filing Fee is \$50.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
COHEN, MICHAEL
1490 NW 104 AVE.
PLANTATION, FL 33322

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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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 #

8-26-06

954-914-6643