

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000000567

1. Entity Name
WPGX, LLC



Principal Place of Business

RSA TOWER 20TH FLOOR 201 MONROE STREET
MONTGOMERY, AL 36104

Mailing Address

RSA TOWER 20TH FLOOR 201 MONROE STREET
MONTGOMERY, AL 36104



01222008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3955582

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 \$138.75
After May 1, 2008 Fee will be \$538.75

U000000810779
02/08/08-80078-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MCTEAR, PAUL H JR.
STREET ADDRESS RSA TOWER 20TH FLOOR 201 MONROE STREET
CITY-ST-ZIP MONTGOMERY, AL 36104

TITLE VP
NAME BRYAN, REBECCA
STREET ADDRESS RSA TWR 20TH FLOOR 201 MONROE ST
CITY-ST-ZIP MONTGOMERY, AL 36104

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: Rebecca Bryan

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

1-23-08 334-206-1435

Date

Daytime Phone #