

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # M06000003017

1. Entity Name

WEALTH MANAGEMENT SYSTEMS, LLC



Principal Place of Business

6240 43RD TERRACE NORTH  
ST. PETERSBURG, FL 33709-5022

Mailing Address

6240 43RD TERRACE NORTH  
ST. PETERSBURG, FL 33709-5022



03252008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-4707765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

OBMANN, MARY ANN  
6240 43RD TERRACE NORTH  
ST. PETERSBURG, FL 33709-5022

**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**

U000000874466  
04/10/08-80118-017 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	OBMANN, MARY ANN
STREET ADDRESS	6240 43RD TERRACE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 337095022
TITLE	MGRM
NAME	OBMANN, RICHARD G
STREET ADDRESS	6240 43RD TERRACE NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 337095022
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: Mary Ann Obmann Mary Ann Obmann

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

3/27/08 727-545-5503

Date

Daytime Phone #