

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050972

Entity Name: WHITEFISHLOMA, LLC

Current Principal Place of Business:

1180 SPRING CENTRE S. BLVD
SUITE 221
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

6091 LINNEAL BEACH DRIVE
APOPKA, FL 32703 US

FEI Number: 20-5292929

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOMMER, LORI G
6091 LINNEAL BEACH DR
APOPKA, FL 32703 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGR
Name	SOMMER, LORI G	Name	DANIELS, DEBRA S
Address	6091 LINNEAL BEACH DR	Address	1911 DURFFY AVE
City-State-Zip:	APOPKA FL 32703	City-State-Zip:	ORANGE CITY FL 32763

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DEBRA S DANIELS

MGR

04/24/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date