

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000117283

Entity Name: WMTINA LLC

Current Principal Place of Business:

1804 ARASH CIR
PORT ORANGE, FL 32128

Current Mailing Address:

1804 ARASH CIR
PORT ORANGE, FL 32128

FEI Number: 27-3887582

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HELLUMS, WILLIAM E
1804 ARASH CIR
PORT ORANGE, FL 32128 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
Name HELLUMS, WILLIAM E
Address 1804 ARASH CIR
City-State-Zip: PORT ORANGE FL 32128

Title MGRM
Name HELLUMS, TINA L
Address 1804 ARASH CIR
City-State-Zip: PORT ORANGE FL 32128

Title MGRM
Name HELLUMS, CHRISTOPHER E
Address 80 WESTBOURNE WAY
City-State-Zip: POOLER GA 31322-3918

Title MGRM
Name HOPKIN, LORI L
Address 5577 NE 61 AVE RD
City-State-Zip: SILVER SPRINGS FL 34488

Title MGRM
Name HELLUMS, SHAUN M
Address 639 N UNIVERSITY AVE
APT 14 #2
City-State-Zip: PROVO UT 84601

Title MGRM
Name NIGH, LISA N
Address 1206 KNOLLWOOD DR
City-State-Zip: CAROL STREAM IL 60188-2943

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM E. HELLUMS

MGRM

01/20/2018

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date