

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000188440

Entity Name: WSMB, LLC**Current Principal Place of Business:**10651 US HWY 301
DADE CITY, FL 33525**Current Mailing Address:**10651 US HWY 301
DADE CITY, FL 33525**FEI Number:** 47-2498906**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOWMAN, JR., WILLIAM R ESQ.
SHUFFIELD, LOWMAN & WILSON, P.A.
1000 LEGION PLACE, STE. 1700
ORLANDO, FL 32801 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	MGR
Name	MAGGARD, ANN O
Address	10651 US HWY 301
City-State-Zip:	DADE CITY FL 33525

Title	MGR
Name	MAGGARD, DALE E
Address	10651 US HWY 301
City-State-Zip:	DADE CITY FL 33525

Title	MGR
Name	TYRRELL, KENNETH
Address	P.O. BOX 589
City-State-Zip:	VIENNA VA 22182

Title	MGR
Name	WALLER, CHARLES D
Address	P.O. BOX 1668
City-State-Zip:	DADE CITY FL 33526

Title	MGR
Name	SIMPSON, WILTON E
Address	P.O. BOX 721
City-State-Zip:	TRILBY FL 33593

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: DALE MAGGARD

MGR

03/05/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date