

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000002418	
1. Entity Name WILD WIRES, LLC	

Principal Place of Business 4553 BUCIDA RD BOYNTON BEACH FL 33436	Mailing Address 4553 BUCIDA RD BOYNTON BEACH FL 33436
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/04)

4. FEI Number 13-4233614	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DRAPER, STACY E 4553 BUCIDA RD BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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.

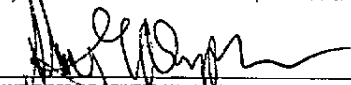
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DRAPER, STACY E 4553 BUCIDA RD BOYNTON BEACH FL 33436 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000204334 ☐ Change ☐ Add 01/29/05-80068-002 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000204334 ☐ Change ☐ Add 01/29/05-80068-003 5.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 

4/25/05 (561) 734-1391