

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000039000

1. Entity Name  
WINGIN' IT IN JUNO LLC



FILED

07 SEP 10 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
477 OCEAN RIDGE WAY  
JUNO BEACH, FL 33408

Mailing Address  
477 OCEAN RIDGE WAY  
JUNO BEACH, FL 33408

2. Principal Place of Business - No P.O. Box #  
c/o Hurricane Grill & Wings

3. Mailing Address  
Hurricane Grill & Wings

Suite, Apt. #, etc.  
4550 Donald Ross Rd., # 107

Suite, Apt. #, etc.  
4550 Donald Ross Rd., # 107

City & State  
Palm Beach Gardens, FL

City & State  
Palm Beach Gardens, FL

Zip  
33418

Country  
USA

Zip  
33418

Country  
USA

05152007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
03-0598741

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI  
250 AUSTRALIAN AVENUE SOUTH  
SUITE 500  
WEST PALM BEACH, FL 33401

## 7. Name and Address of New Registered Agent

Name  
CT Corporation System  
Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road

City  
Plantation FL Zip Code  
33324

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 *Kristen Betzger*

Kristen Betzger  
Vice President

9/7/07

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by September 14, 2007

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Member ☐ Delete  
Sharon Luther  
c/o Hurricane Grill & Wings  
4550 Donald Ross Rd., # 107

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Palm Beach Gardens, FL 33418 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Managing Member ☐ Delete  
Gary Dickman  
as above

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  
☐ Change ☐ Addition  
400109896464  
09/20/07--01020--007 \*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: *John J. Sciliano*

John J. Sciliano

9/5/2007 617-227-7940

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

Date

Daytime Phone #