

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012419

FILED
Mar 24, 2009
Secretary of State

Entity Name: RUNNING WILD, LLC

Current Principal Place of Business:

1133 N. FEDERAL HWY.
FT. LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

3195 N. FEDERAL HWY
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 20-8347825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VLADIMIR, THOMAS
3195 N. FEDERAL HWY
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WENNERSTROM, DONALD
Address: 716 SE 6TH COURT
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: MGRM () Delete
Name: VLADIMIR, THOMAS
Address: 1010 SW 2ND STREET
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Delete
Name: VIRGA, CAROL A
Address: 5320 TENNIS LANE
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WENNERSTROM, DONALD
Address: 225 SE 12TH AVE
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: TOM VLADIMIR

M

03/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date