2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000029937

Entity Name: WAGSKE, LLC

FILED Apr 05, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

433 AIRE COURT SLIDELL, LA 70461

Current Mailing Address: New Mailing Address:

433 AIRE COURT SLIDELL, LA 70461

FEI Number: 20-8674953 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BEGGS & LANE, A REGISTERED LIMITED LIABLIL

501 COMMENDENCIA STREET

BERAULT, STEPHANIE H
1350 FT PICKENS RD #29

PENSACOLA EL 32502 LIS

BERAULT, STEPHANIE H
1350 FT PICKENS RD #29

PENSACOLA, FL 32502 US PENSACOLA BEACH, FL 32561 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: STEPHANIE H BERAULT 04/05/2011

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM

Name: BERAULT, GREG Address: 433 AIRE COURT City-St-Zip: SLIDELL, LA 70461

Title: MGRM

Name: BERAULT, WARREN Address: 1302 MARINA DRIVE City-St-Zip: SLIDELL, LA 70458

Title: MGRM

Name: BERAULT, KATHY
Address: 1302 MARINA DRIVE
City-St-Zip: SLIDELL, LA 70458

Title: MGRM

Name: IRMSCHER, ALICIA
Address: 605 DOCKSIDE DRIVE
City-St-Zip: SLIDELL, LA 70461

Title: MGRM

Name: IRMSCHER, ERIC
Address: 605 DOCKSIDE DRIVE
City-St-Zip: SLIDELL, LA 70461

Title: MGRM

Name: BERAULT, STEPHANIE Address: 433 AIRE COURT City-St-Zip: SLIDELL, LA 70461

I hereby 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 Statues.

SIGNATURE: STEPHANIE H BERAULT MRS. 04/05/2011

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