

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90326 016 ***138.75

DOCUMENT # L07000053592



1. Entity Name
WNN PROPERTY MANAGEMENT, LLC

Principal Place of Business
**3423 MCKINLEY STREET
HOLLYWOOD, FL 33021**

Mailing Address
**P.O. BOX 817244
HOLLYWOOD, FL 33021**

00000001



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

WNN PROPERTY MGRM, LLC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 817244

04172008 Chg-LLC CR2E083 (12/06)

City & State

City & State

HOLLYWOOD, FL

4. FEI Number

33-1167041

Applied For

Not Applicable

Zip

Country

Zip

Country

33081-1244

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAWRYLCIW, ANNA
3423 MCKINLEY STREET
HOLLYWOOD, FL 33021**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HAWRYLCIW, WOLODYMYR & ANNA, TEN. BY ENT.
3423 MCKINLEY STREET
HOLLYWOOD, FL 33021**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HAWRYLCIW, ANNA
3423 MCKINLEY STREET
HOLLYWOOD, FL 33021**

☐ Delete

TITLE
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ 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 *Anna Hawrylcw* 4/18/08 954-240-3805