

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100496

Entity Name: EXTREME WINGS, LLC

FILED  
Jul 22, 2010  
Secretary of State

**Current Principal Place of Business:**

5811 TRELIS LANE  
TALLAHASSEE, FL 32317

**New Principal Place of Business:**

**Current Mailing Address:**

5811 TRELIS LANE  
TALLAHASSEE, FL 32317

**New Mailing Address:**

FEI Number: 26-3604818

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AMIN, SUREKHA D  
5811 TRELIS LANE  
TALLAHASSEE, FL 32317 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  
Name: AMIN, MINESH D  
Address: 5811 TRELIS LANE  
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGRM  
Name: AMIN, DEVENDRA A  
Address: 5811 TRELIS LANE  
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGRM  
Name: AMIN, SUREKHA D  
Address: 5811 TRELIS LANE  
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGRM  
Name: AMIN, NILESH D  
Address: 5811 TRELIS LANE  
City-St-Zip: TALLAHASSEE, FL 32317

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 Statutes.

SIGNATURE: MINESH D AMIN

MGRM

07/22/2010

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