

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000069465

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** BLUE WINGS 11, LLC

**Current Principal Place of Business:**

125 S. STATE ROAD 7, 104-227  
WELLINGTON, FL 33414

**New Principal Place of Business:**

125 S. STATE ROAD 7, 104-227  
104-227  
WELLINGTON, FL 33414

**Current Mailing Address:**

125 S. STATE ROAD 7, 104-227  
WELLINGTON, FL 33414

**New Mailing Address:**

125 S. STATE ROAD 7, 104-227  
104-227  
WELLINGTON, FL 33414

FEI Number: 27-0499437

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KIRSCHNER, AB  
125 S. STATE ROAD 7, 104-227  
WELLINGTON, FL 33414 US

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

KIRSCHNER, AB  
125 S. STATE ROAD 7, 104-227  
104-227  
WELLINGTON, FL 33414 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:

01/08/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KRUPA, PATRICE  
Address: 125 S. STATE ROAD 7, 104-227  
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM  
Name: GAITO, ANTHONY  
Address: 125 S. STATE ROAD 7, 104-227  
City-St-Zip: WELLINGTON, FL 33414

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: PATRICE KRUPA

MGRM

01/08/2010

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