

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L97000000011

WILEN PRESS, LC
135 OVAL DRIVE
ISLANDIA NY 11722

FILED
98 APR 27 PM 2:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1a. Principal Place of Business Address

135 OVAL DRIVE
ISLANDIA NY 11722

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01/02/1997

FL

City & State

City & State

4. FEI Number

X11-3354581

☐ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE FL 32301

Name

RICHARD WILEN

Street Address (P.O. Box Number is Not Acceptable)

3333 SOUTHWEST 15TH STREET

Suite, Apt. #, etc.

City

DEERFIELD BEACH

FL

Zip Code

33442

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

3000002506833--6

DATE -04/30/98--01081--011

***188.75 ***188.75

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	WILEN, RICHARD	135 OVAL DRIVE	ISLANDIA NY
MGRM	WILEN, DARRIN	135 OVAL DRIVE	ISLANDIA NY
MGRM	WILEN, CORY	135 OVAL DRIVE	ISLANDIA NY
MGRM	DIAZ, JOHN	135 OVAL DRIVE	ISLANDIA NY
MGRM	WILEN, KEVIN	3333 SOUTHWEST 15TH STREET	DEERFIELD BEACH, FL

11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPE OF POSITION OF SIGNER, MANAGER, OR TRUSTEE OF COMPANY

Date

Signature of Agent