

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010533

Entity Name: WING HOLDINGS, L.C.

FILED  
Feb 08, 2008  
Secretary of State

## Current Principal Place of Business:

14892 PADDOCK DRIVE  
WELLINGTON, FL 334141028

## New Principal Place of Business:

12993 SOUTHERN BLVD  
LOXAHATCHEE, FL 33470

## Current Mailing Address:

14892 PADDOCK DRIVE  
WELLINGTON, FL 334141028

## New Mailing Address:

12993 SOUTHERN BLVD  
LOXAHATCHEE, FL 33470

FEI Number: 52-2284858

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WING, MICHAEL K M.D.  
14892 PADDOCK DRIVE  
WELLINGTON, FL 334141028 US

## Name and Address of New Registered Agent:

WING, MICHAEL K  
14892 PADDOCK DRIVE  
WELLINGTON, FL 334141028 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: MICHAEL WING

02/08/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: WING, MICHAEL K  
Address: 14892 PADDOCK DRIVE  
City-St-Zip: WELLINGTON, FL 334141028

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: WING, KENNETH M  
Address: 113 N SCOTT AVE  
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MICHAEL WING

MGRM

02/08/2008

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