

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011431

Entity Name: WENDTAL, LLC

FILED
Mar 18, 2008
Secretary of State

Current Principal Place of Business:

1 COMMERCIAL DR., AREA E
FLORIDA, NY 10921

New Principal Place of Business:

1 COMMERCIAL DRIVE
AREA E
FLORIDA, NY 10921

Current Mailing Address:

1 COMMERCIAL DR., AREA E
FLORIDA, NY 10921

New Mailing Address:

1 COMMERCIAL DRIVE
AREA E
FLORIDA, NY 10921

FEI Number: 59-3671931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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 () Delete
Name: ROBERTS, MARTIN
Address: P.O. BOX 14495
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGRM () Delete
Name: COGHLAN, JEFF
Address: 124 CROCKER HILL RD.
City-St-Zip: BINGHAMTON, NY 13904

Title: MGRM () Delete
Name: TOPPER, LEWIS
Address: 181-18 TUDOR ROAD
City-St-Zip: JAMAICA, NY 11432

ADDITIONS/CHANGES:

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

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

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

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: LEWIS E TOPPER

MEM

03/18/2008

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