

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L00000014927**

1. Entity Name

WONDERLAND MANAGEMENT, LLC

Principal Place of Business

**8419 TWINLAKE DR.
BOCA RATON FL 33498**

Mailing Address

**1202 S. ROUTE 31
MCHENRY IL 60050**

2. Principal Place of Business

310 N. Swinton Avenue

Suite, Apt. #, etc.

3. Mailing Address

310 N. Swinton Avenue

Suite, Apt. #, etc.

City & State

Delray Beach, FL 33444

City & State

Delray Beach, FL 33444

Zip

33444

Country

U.S.

Zip

33444

Country

U.S.

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301**

4. FEI Number

36-4406793

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

7. Name and Address of New Registered Agent

Name

ALAN BAGLIORE

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

310 N. Swinton AvenueCity
Delray Beach,**FL**Zip Code
33444

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM			
	BAGLIORE, ALAN			
	1202 S. ROUTE 31			
	MCHENRY IL 60050			

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	Managing Member				
	Alan Bagliore				
	310 N. Swinton Avenue				
	Delray Beach, FL 33444				

11. I 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 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.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

02 OCT 14 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

874240



DO NOT WRITE IN THIS SPACE

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