

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91188 040 \*\*\*\*50.00

DOCUMENT # L01000000716

1. Entity Name  
WSG, LLC

**DO NOT WRITE IN THIS SPACE**

965361

2. Principal Place of Business  
950 N. COLLIER BLVD

3. Mailing Address  
950 N. COLLIER BLVD

Suite, Apt. #, etc.  
SUITE 201

Suite, Apt. #, etc.  
SUITE 201

City & State  
MARCO ISLAND, FL

City & State  
MARCO ISLAND, FL

Zip  
34145

Country  
USA

Zip  
34145

Country  
USA

4. FEI Number  
65-1077385

Applied For  
Not Applicable

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

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
FREDERICK C. KRAMER

Street Address (P.O. Box Number is Not Acceptable)  
950 N. COLLIER BLVD  
SUITE 201

City  
MARCO ISLAND FL Zip Code  
34145

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.

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

DATE

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS / MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR.  
WILLIAM S. GORSKI  
1412 N. GRIFFITH BLVD  
GRIFFITH, IN 46319

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR.  
MARGARET G. GORSKI  
1412 N. GRIFFITH BLVD  
GRIFFITH, IN 46319

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

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: William S. Gorski

4-29-02 219-932-5036

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

Date

Daytime Phone #