

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000003172

1. Entity Name

WGML, LLC



Principal Place of Business

860 S.R. 434 NORTH, SUITE 7
ALTAMONTE SPRINGS FL 32714

Mailing Address

860 S.R. 434 NORTH, SUITE 7
ALTAMONTE SPRINGS FL 32714



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

59-3699904

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOODMAN, LAUREN B
860 S.R. 434 NORTH, SUITE 7
ALTAMONTE SPRINGS FL 32714

Name

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

City

FL

Zip Code

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 Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	GOODMAN, LAUREN B	
STREET ADDRESS	860 S.R. 434 N., STE 7	
CITY ST ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	MGR	☐ Delete
NAME	GOODMAN, GLORIA	
STREET ADDRESS	860 S.R. 434 N., STE 7	
CITY ST ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	MGR	☐ Delete
NAME	GOODMAN, MICHAEL A	
STREET ADDRESS	860 S.R. 434 N., STE 7	
CITY ST ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

10. ADDITIONS/CHANGES

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	

000000569271 ☐ Change ☐ Addition
03/27/07-80064-023 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-13-07

407-7886555

Date

Daytime Phone