

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019999

FILED
Mar 16, 2005
Secretary of State

Entity Name: WOMEN FOR COMMUNITY CONCERNS, LLC

Current Principal Place of Business:

5606 BRIAR DRIVE
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

619 JOHN ANDERSON HIGHWAY
FLAGLER BEACH, FL 32136

New Mailing Address:

FEI Number: 59-3756789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILDER, ROSEMARIE
619 JOHN ANDERSON HIGHWAY
FLAGLER BEACH, FL 32136 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/MEMBERS:

Title: MGRM () Delete
Name: ZIOMEK, SHARON
Address: 5606 BRIAR DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: MGRM () Delete
Name: WILDER, ROSMARIE
Address: 619 JOHN ANDERSON HIGHWAY
City-St-Zip: FLAGLER BEACH, FL 32136

ADDITIONS/CHANGES:

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 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 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: SHARON ZIOMEK

MGRM

03/16/2005

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