


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**


03-07-2005 90062 029 \*\*\*\*50.00

<b>DOCUMENT # L02000031274</b> 1. Entity Name HOT WINGS NOW, LLC	
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Principal Place of Business 203 SABINE DR. PENSACOLA BEACH, FL 32561	Mailing Address 203 SABINE DR. PENSACOLA BEACH, FL 32561 <i>P.O. Box 1373 Gulf Breeze FL 32562</i>
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**DO NOT WRITE IN THIS SPACE**

*20018870*



02022005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 82-0587093	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

AMBERSON, KRISTIN S  
203 SABINE DR.  
PENSACOLA BEACH, FL 32561

**DO NOT WRITE  
IN THIS SPACE**

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 *Kristin Amberson* *Kristin Amberson* *2/2/05*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMBERSON, KRISTIN 203 SABINE DR PENSACOLA BEACH, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMBERSON, SCOTT 203 SABINE DR PENSACOLA BEACH, FL 32561
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**DO NOT WRITE  
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: *Kristin Amberson* *2/2/05* *850 232-8320*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

*Kristin Amberson*