

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000023126**

1. Entity Name  
WALLACE-DINKIN HOLDINGS, LLC



Principal Place of Business

1200 SOUTH ROGERS CIRCLE, #3  
BOCA RATON, FL 33487

Mailing Address

1200 SOUTH ROGERS CIRCLE, #3  
BOCA RATON, FL 33487



05022005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
87-0700620

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAPELLER, JOHN M JR.  
350 CAMINO GARDENS BLVD., #303  
BOCA RATON, FL 33432

**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

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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WALLACE, ELLIOTT
STREET ADDRESS	1200 SOUTH ROGERS CIRCLE, #3
CITY - ST - ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000362790  
05/05/05-80134-002 50.00

**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:**

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

ELLIOT WALLACE 4/30/05 561-994-1250

Date

Daytime Phone #