


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000026396		
1. Entity Name WRAPPER D, LLC		
Principal Place of Business 3140 COVENTRY ST. DELTONA, FL 32738	Mailing Address 3140 COVENTRY ST. DELTONA, FL 32738	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVE DAYTONA BEACH, FL 32114		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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRUCKART, DEBRA A 3140 COVENTRY ST. DELTONA, FL 32738	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Debra A. Bruckart</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<u>7/23/07 (386) 532-0854</u> <small>Date Daytime Phone #</small>



02232007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 57-1179072	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	-----------------------------------

U00000770560
07/26/07-80002-018 55.00