## L03000030039

(Re	equestor's Name)	1
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PICK-UP	WAIT	MAIL
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/	n ? - :	30039
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Certified Copies	Certificate	s of Status
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Division of	on Section of Corporations	
SUBJECT: W	KSON WORLDWIDE E. (Name of Limited	Liability Company)
Dear Sir or Mada	m:	
The enclosed Reg	gistered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all c	correspondence concerning this ma	atter to the following:
	(Name of Person)	
WKSON U	(Firm/Company)	DUISES, 22 C.
1955	LITTLE OAK TRAN	<u>~</u> .
PAZM	CITY FLORIDA 349 (City/State and Zip Code)	90
For further inform	nation concerning this matter, plea	ise call:
	at (2	(Area Code & Daytime Telephone Number)
Registratio Division of Clifton Bui 2661 Exect	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed	is a check for the following amo	unt:
<b>⊠</b> \$25 Fil	ing Fee	\$55 Filing Fee & Certified Copy



June 19, 2007

VICTORIA K. WILSON 1955 SW LITTLE OAK TRAIL PALM CITY, FL 34990

SUBJECT: WILSON WORLDWIDE ENTERPRISES LLC

Ref. Number: L03000030039

We have received your document for WILSON WORLDWIDE ENTERPRISES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 607A00040610

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

The maning address of the minted ha	ability company is: 1955 SW LITTLE OAK TRAIL  PARM CITY, FLORIDA 34990
8/13/03	20300030039
3. Date of filing/registration in Florida	4. Document number
Florida Department of State:	the registered office address as shown on the records of the
/20	Name  / HAYS STREET  Address  LAHASSEE FLORIDA 32301  City, State and Zip
TAL	City State and Zin
5. The name and address of the new regi	istered agent and/or office:
Florida stree	Name Name FL SUPPROMD FLORD FL
	City, State and Zip
confirmed that after the change or change and the business office of the registered iability company, it is hereby confirmed of the members of the limited liability cor the operating agreement of the limited	
Signature of a member or authorized representative	
VICTORIA K. WILSON (Printed or typed name of signce)	<u>)                                    </u>
, , , , , , , , , , , , , , , , , , ,	istered agent and agree to act in this capacity. I further agree to so relative to the proper and complete performance of my duties, bligations of my position as registered agent as provided for in its being filed to merely reflect a change in the registered office diability company has been notified in writing of this change.

**FILING FEE: \$25.00**