

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000030039

1. Entity Name
WILSON WORLDWIDE ENTERPRISES LLC



Principal Place of Business
**1955 S. W. LITTLE OAK TRAIL
PALM CITY, FL 34990 US**

Mailing Address
**1955 S. W. LITTLE OAK TRAIL
PALM CITY, FL 34990 US**



01282008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1676229

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RIZZUTI, JOSEPH
BEACON ACCOUNTING SERVICE, INC.
3135 SW MAPP ROAD
PALM CITY, FL 34990**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
WILSON, VICTORIA K
1955 S. W. LITTLE OAK TRAIL
PALM CITY, FL 34990**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
WILSON, CRAIG D
1955 S. W. LITTLE OAK TRAIL
PALM CITY, FL 34990**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
MARTINO, LOUISE M
1955 S. W. LITTLE OAK TRAIL
PALM CITY, FL 34990**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000811125
02/11/08-80014-006 138.75

**DO NOT WRITE
IN THIS SPACE**

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: *V.K. Wilson*

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

1-29-08

Date

772 287 8755

Daytime Phone #