

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033084

Entity Name: WING PARTNERS, LLC

FILED  
Jul 11, 2005  
Secretary of State

**Current Principal Place of Business:**

18550 S.W. 39TH ST.  
MIRAMAR, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

18459 PINES BLVD., SUITE 296  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

FEI Number: 20-0327671      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HOWELL-WILLIAMS, TINA  
18459 PINES BLVD STE. 296  
PENBROOK PINES, FL 33029      US

**Name and Address of New Registered Agent:**

HOWELL, TINA  
18459 PINES BLVD STE. 296  
PENBROOK PINES, FL 33029      US

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.

SIGNATURE: TINA HOWELL

07/11/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: HOWELL-STOKES, TINA D  
Address: 18459 PINES BLVD STE. 296  
City-St-Zip: PENBROOK PINES, FL 33029

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: HOWELL, TINA D  
Address: 18459 PINES BLVD STE. 296  
City-St-Zip: PENBROOK PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TINA HOWELL

MGR

07/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date