

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034156

Entity Name: EAGLES WINGS, LLC

FILED
Mar 06, 2006
Secretary of State

Current Principal Place of Business:

962 NORTHLAKE BLVD.
#210
LAKE PARK, FL 33403 US

Current Mailing Address:

962 NORTHLAKE BLVD.
#210
LAKE PARK, FL 33403

New Principal Place of Business:

5250 N. OCEAN DR.
4N
SINGER ISLAND, FL 33404 US

New Mailing Address:

5250 N. OCEAN DR.
4N
SINGER ISLAND, FL 33404

FEI Number: 20-0211243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, MARTHA P
5250 N. OCEAN DRIVE
SUITE 4N
SINGER ISLAND, FL 33404 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMITH, MARTHA P
Address: 5250 N. OCEAN DRIVE, SUITE 4N
City-St-Zip: SINGER ISLAND, FL 33404 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SMITH, MARTHA P
Address: 5250 N. OCEAN DRIVE, SUITE 4N
City-St-Zip: SINGER ISLAND, FL 33404 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MARTHA P. SMITH

MGR

03/06/2006

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