

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90105 047 ***138.75

DOCUMENT # L03000043067

1. Entity Name
WISTERIA INVESTMENTS, LLC



Principal Place of Business
**13555 AUTOMOBILE BLVD., #300
CLEARWATER, FL 33762**

Mailing Address
**13555 AUTOMOBILE BLVD., #300
CLEARWATER, FL 33762**

50003128



2. Principal Place of Business - No P.O. Box #
5968 107th Terrace
Suite, Apt. #, etc.

3. Mailing Address
5968 107th Terrace
Suite, Apt. #, etc.

04092008 Chg-LLC CR2E083 (12/06)

City & State
Pinellas Park FL

City & State
Pinellas Park FL

4. FEI Number
20-0380871

Applied For
Not Applicable

Zip Country
33782 USA

Zip Country
33782 USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHIWAH JASON NG
13555 AUTOMOBILE BLVD., #300
CLEARWATER, FL 33762**

7. Name and Address of New Registered Agent

Name **Chiwah Jason Ng**
Street Address (P.O. Box Number is Not Acceptable)

5968 107th Terrace

City **Pinellas Park FL** Zip Code **33782**

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]*
Signature, typed or printed name of registered agent and the, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/9/08
DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **CHIWAH JASON NG**
CITY-ST-ZIP **5968 107TH TERRACE
PINELLAS PARK, FL 33782**

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **HO HONG BUI**
CITY-ST-ZIP **7613 SHORE ACRES STREET
WESLEY CHAPEL, FL 33544**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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 *[Signature]* Mgrm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/9/08 **727-592-0678**
Date Daytime Phone #