

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jul 27, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # L03000046002**

1. Entity Name  
**WIZARD OF WALLS, LLC.**



Principal Place of Business  
**4220 60TH STREET WEST  
BRADENTON, FL 34209 US**

Mailing Address  
**4220 60TH STREET WEST  
BRADENTON, FL 34209 US**



07022007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0411268**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BELL, MARY E  
4220 60TH STREET WEST  
BRADENTON, FL 34209**

**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

*Mary E. Bell MGRM*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BELL, MARY E  
4220 60TH STREET WEST  
BRADENTON, FL 34209**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000770745  
07/27/07-80005-008 55.00

**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:**

*Mary E. Bell MGRM*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*7-24-07 941-794-0455*