

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049366

Entity Name: WINGO, LLC

FILED
Apr 29, 2007
Secretary of State

Current Principal Place of Business:

2999 NE 191 ST, PENTHOUSE 8
AVENTURA, FL 33180

New Principal Place of Business:

12230 FOREST HILL BLVD.
SUITE 110J
WELLINGTON, FL 33414 US

Current Mailing Address:

2999 NE 191 ST, PENTHOUSE 8
AVENTURA, FL 33180

New Mailing Address:

12230 FOREST HILL BLVD.
SUITE 110J
WELLINGTON, FL 33414 US

FEI Number: 20-0636530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELLMAN, MAYNARD J ESQ
2999 NE 191 ST, PENTHOUSE 8
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

THOMPSON, SCOTT A
12230 FOREST HILL BLVD.
SUITE 110J
WELLINGTON, FL 33414 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: SCOTT THOMPSON

04/29/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCOURBY, ALEXANDER
Address: 12230 FOREST HILL BLVD, STE 110J
City-St-Zip: WELLINGTON, FL 33414

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: THOMPSON, SCOTT A
Address: 12230 FOREST HILL BLVD. SUITE 110J
City-St-Zip: WELLINGTON, FL 33414 US

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT THOMPSON

MGR

04/29/2007

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