

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90336 034 ***138.75

DOCUMENT # L04000011701

1. Entity Name
WG, LLC



Principal Place of Business
535 PARK AVENUE NORTH, STE. 224
WINTER PARK, FL 32789

Mailing Address
535 PARK AVENUE NORTH, STE. 224
WINTER PARK, FL 32789

60013534



01042008 No Chg-LLC

CR2E083 (12/07)

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4. FEI Number
59-0149342

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, WARREN E
535 N PARK AVE, STE 224
WINTER PARK, FL 32789

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GARBE, UDO
STREET ADDRESS PO BOX 1508
CITY-ST-ZIP WINTER PARK, FL 32790

TITLE MGR
NAME GARBE, ANGELIKA
STREET ADDRESS PO BOX 1508
CITY-ST-ZIP WINTER PARK, FL 32790

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Udo Garbe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #