

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011701

Entity Name: WG, LLC

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

535 N PARK AVENUE  
STE 224  
WINTER PARK, FL 32789

**Current Mailing Address:**

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

**New Mailing Address:**

PO BOX 1508  
WINTER PARK, FL 32790

FEI Number: 59-0149342

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GARBE, UDO  
Address: PO BOX 1508  
City-St-Zip: WINTER PARK, FL 32790

Title: MGR ( ) Delete  
Name: GARBE, ANGELIKA  
Address: PO BOX 1508  
City-St-Zip: WINTER PARK, FL 32790

**ADDITIONS/CHANGES:**

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

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

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: UDO GARBE

MGR

04/30/2009

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