

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000018065

1. Entity Name
WAGONEER, LLC



Principal Place of Business
13000 S.W. 120TH STREET
MIAMI, FL 33186

Mailing Address
13000 S.W. 120TH STREET
MIAMI, FL 33186

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01052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
47-0943652

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PALMER, PAUL
13000 S.W. 120TH STREET
MIAMI, FL 33186

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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

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME PINZANI, ANTONIO
STREET ADDRESS 13000 S.W. 120TH STREET
CITY-ST-ZIP MIAMI, FL 33186

TITLE MGRM
NAME PINZANI, ELVA
STREET ADDRESS 13000 S.W. 120TH STREET
CITY-ST-ZIP MIAMI, FL 33186

TITLE MGRM
NAME PINZANI, MANUELA
STREET ADDRESS 13000 S.W. 120TH STREET
CITY-ST-ZIP MIAMI, FL 33186

TITLE MGRM
NAME DE FRAGACHON, ANTONELA
STREET ADDRESS 13000 S.W. 120TH STREET
CITY-ST-ZIP MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/20/06-80047-007 55.00

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

01-08-06 305-232-1032

Date

Daytime Phone #