

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032204

**FILED**  
**Apr 24, 2009**  
**Secretary of State**

**Entity Name:** WICKS, LLC

**Current Principal Place of Business:**

1230 S MYRTLE AVE  
401  
CLEARWATER, FL 33756

**New Principal Place of Business:**

1419 SOUTH MARTIN LUTHER KING JR AVE  
CLEARWATER, FL 33756

**Current Mailing Address:**

1230 S MYRTLE AVE  
401  
CLEARWATER, FL 33756

**New Mailing Address:**

1419 SOUTH MARTIN LUTHER KING JR AVE  
CLEARWATER, FL 33756

**FEI Number:** 20-1072065

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOLDMAN, DAVID  
1230 S MYRTLE AVE  
STE 401  
CLEARWATER, FL 33756 US

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

GOLDMAN, DAVID  
1419 SOUTH MARTIN LUTHER KING JR AVE  
CLEARWATER, FL 33756 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: \_\_\_\_\_

04/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GOLDMAN, LENORE  
Address: 100 S. ASHLEY DRIVE, SUITE 1500  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GOLDMAN, LENORE  
Address: 1419 SOUTH MARTIN LUTHER KING JR AVE  
City-St-Zip: CLEARWATER, FL 33756

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: LENORE GOLDMAN

MGRM

04/24/2009

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