

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000043252

1. Entity Name
WEMOSS&G HOLDINGS, LLC



Principal Place of Business
**480 SAWGRASS CORPORATE PARKWAY
SUITE 110
SUNRISE, FL 33325**

Mailing Address
**480 SAWGRASS CORPORATE PARKWAY
SUITE 110
SUNRISE, FL 33325**



04282008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1260208

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ELDEIRY & ELDEIRY, P.A.
480 SAWGRASS CORPORATE PARKWAY
SUITE 110
SUNRISE, FL 33325**

**DO NOT WRITE
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

U000000936917
05/27/08-80029-009 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ELDEIRY, MO N
STREET ADDRESS	480 SAWGRASS CORPORATE PKWY #110
CITY- ST- ZIP	SUNRISE, FL 33325
TITLE	MGR
NAME	ELDEIRY, WENDY H
STREET ADDRESS	480 SAWGRASS CORPORATE PARKWAY #110
CITY- ST- ZIP	SUNRISE, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
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:

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

Date

Daytime Phone #