

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050798

Entity Name: 235 WINGATE, LLC

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

650 SCRANTON ROAD, SUITE M
BRUNSWICK, GA 31520

New Principal Place of Business:

102 MARSH HARBOUR PARKWAY, SUITE 104
KINGSLAND, GA 31548

Current Mailing Address:

650 SCRANTON ROAD, SUITE M
BRUNSWICK, GA 31520

New Mailing Address:

102 MARSH HARBOUR PARKWAY, SUITE 104
KINGSLAND, GA 31548

FEI Number: 20-1349254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVID, CHARLES
9283-2 SAN JOSE BLVD.
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAWYER, RONALD H SR
Address: 650 SCRANTON ROAD, SUITE M
City-St-Zip: BRUNSWICK, GA 31520

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SAWYER, RONALD H SR
Address: 102 MARSH HARBOUR PARKWAY, SUITE 104
City-St-Zip: KINGSLAND, GA 31548 US

Title: MGRM () Change (X) Addition
Name: SAWYER, DEBORAH R
Address: 102 MARSH HARBOUR PARKWAY, SUITE 104
City-St-Zip: KINGSLAND, GA 31548 US

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: RONALD H SAWYER

MGRM

01/19/2009

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