

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90041 047 ****50.00

DOCUMENT # L04000052465

1. Entity Name
THE WIN/WIN CONNECTION, LLC



Principal Place of Business
**12633 WESTFIELD LAKES CIRCLE
WINTER GARDEN, FL 34787**

Mailing Address
**12633 WESTFIELD LAKES CIRCLE
WINTER GARDEN, FL 34787**

2. Principal Place of Business

7582 W. Sand Lake Rd

3. Mailing Address

7582 W. Sand Lake Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112006 Chg-LLC CR2E083 (11/05)

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

20-1375903

Applied For

Not Applicable

Zip

32819

Country

USA

Zip

32819

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MAALIN, BASSET
7582 WEST SAND LAKE ROAD
ORLANDO, FL 32819**

7. Name and Address of New Registered Agent

Name **BASSEL MAALI**
Street Address (P.O. Box Number is Not Acceptable) **7582 W. Sand Lake Rd.**
City **Orlando** FL **32819**

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

BASSEL MAALI

4/11/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **MAALI, BASSEL J**
STREET ADDRESS **12633 WESTFIELD LAKES CIRCLE**
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME **7582 W. Sand Lake Road**
STREET ADDRESS **Orlando, FL 32819**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

BASSEL MAALI **4/11/06** **407-345-9200**

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

Date

Daytime Phone #