## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L04000052465**

THE WIN/WIN CONNECTION, LLC



Principal Place of Business

7582 W SAND LK RD ORLANDO, FL 32819 Mailing Address

7582 W SAND LK RD ORLANDO, FL 32819

## **FILED** Feb 01, 2007 8:00 am Secretary of State

02-01-2007 90052 006 \*\*\*\*50.00

60011021



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1375903

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MAALI, BASSEL 7582 WEST SAND LAKE ROAD ORLANDO, FL 32819

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	named entity submits this statement for the purpose of charions of registered agent.	nging its registere	d office or registered agent, or both, in the St	ate of Florida. I am familiar with, and accept	
SIGNATURE_					
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered	Agent signature required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAALI, BASSEL J 7582 W SAND LK RD ORLANDO, FL 32819			,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS City-St-Zip			IN THIS SPACE		
TITLE NAME STREET ADDRESS					

11. I nereby 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-7IP